2023 Registration Form

		Organizat	tion Name				
Player Info Age as of Ap		:	_				
Division (circle one): Based upon above:		Shetland 6l 4-6	J Pinto 8L 6-8	Mustang 10U 7-10	Bronco 12U 9-12	Pony 14U 11-14	Colt 16U 13-16
Name: Address:				Date of Birth: E-Mail:			
	in the Mou	ntaineer League la p, team and coach	st season?		Yes	No _	
Identify Pa	rent(s)/G	uardian(s) with	whom Play	ver Resides			
Address:				Home Cell Pt	Home Phone: Cell Phone:		
<u>Player Unif</u>	orm Infor	mation					
Shirt Size:	Youth Adult		Med. (10- Sm. (32-	, .	(14-16) (36-38)	Lg. (38-40)	Xlg. (40-42)
Pant Size:	Youth Adult	Xsm. (2-4)	Sm. (6-8 Sm. (32-) Med. ((10-12) (36-38)	- ,	Xlg. (18-20)
<u>Player Hea</u> Allergies:	lth Inform	ation_		Current medic	cations, if anv:		
Health Problems:							
Health Insur	ance Co.:			Group/Policy	Group/Policy No.:		
Name of Phy	sician:				ephone No.:		
or other league injured while partreatment. I assi	representatives ticipating in lea ume all risks and	to authorize and obtain ague activities away from d hazards incidental to suc	medical care from home, or whe character.	any and all (Organization) om any licensed physiciar n neither parent or legal the organizers, sponsors, er. I further agree to furr	n, hospital or medio guardian is availat supervisors, particip	cal clinic should the ble to grant authori pants and persons t	e player become ill of zation for emergeno ransporting the playe
Signature of Parent or Legal Guardian			Relationship	Relationship		Date	
In case of emergency (contact)			Relationship	Relationship		Phone#	
Payment I	<u>nformation</u>	<u>1</u>					
Amount Paid: Checl				neck No	No Cash		