

20__ Registration Form

Organization Name: _____

Player Information

Age as of April 30, 20__ (use current year): _____

Division (circle one):	Shetland 6U	Pinto 8U	Mustang 10U	Bronco 12U	Pony 14U	Colt 16U
Based upon above:	4-6	6-8	7-10	9-12	11-14	13-16

Name: _____	Date of Birth: _____
Address: _____	E-Mail: _____

Did you play in the Mountaineer League last season? Yes _____ No _____

If yes, identify age group, team and coach: _____

Identify Parent(s)/Guardian(s) with whom Player Resides

Name(s): _____	Relationship: _____
Address: _____	Home Phone: _____
_____	Cell Phone: _____
E-Mail: _____	Work Phone: _____

Player Uniform Information

Shirt Size:	Youth	Med. (10-12)	Lg. (14-16)		
	Adult	Sm. (32-36)	Med. (36-38)	Lg. (38-40)	Xlg. (40-42)
Pant Size:	Youth	Xsm. (2-4)	Sm. (6-8)	Med. (10-12)	Lg. (14-16)
	Adult		Sm. (32-36)	Med. (36-38)	Lg. (38-40)
					Xlg. (18-20)
					Xlg. (40-42)

Player Health Information

Allergies: _____	Current medications, if any: _____
Health Problems: _____	Date of Last Tetanus: _____
Health Insurance Co.: _____	Group/Policy No.: _____
Name of Physician: _____	Physician Telephone No.: _____

I, parent or guardian of (Player), hereby give approval for participation in any and all (Organization) activities. I hereby grant permission to managing personnel or other league representatives to authorize and obtain medical care from any licensed physician, hospital or medical clinic should the player become ill or injured while participating in league activities away from home, or when neither parent or legal guardian is available to grant authorization for emergency treatment. I assume all risks and hazards incidental to such organization, the organizers, sponsors, supervisors, participants and persons transporting the player to and from the activities, for any claim arising out of an injury to the player. I further agree to furnish a birth certificate for the player upon request.

Signature of Parent or Legal Guardian	Relationship	Date
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In case of emergency (contact)	Relationship	Phone#
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Payment Information

Amount Paid: _____	Check No. _____	Cash _____
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