Ocoee Little League **Spring 2012**

REGISTRATION FORM

(Please Print)

Boundary Waiver YES ❑ NO ❑	Last Name:

PLAYER INFORMATION

Player's last name: First: Middle	Nickname:	❑ Returning Player ❑ New Player

Do you have a sibling playing?		Siblings Age:	What school do you attend?	Birth date:	Age:	Sex:	
❑ Yes	❑ No			/ /		❑ M	❑ F

Street address:	Home phone no: ( )	Cell phone no.: ( )

Sub-division you live in:	City:	State: FL	ZIP Code:
Insurance Carrier:	Policy#	Phone Number:	

PARENT INFORMATION

FATHER

Father's Name:	Address:	Occupation:

Home phone no: ( )	Work phone no: ( )	Cell phone no: ( )	Email address:

MOTHER

Mother's Name:	Address:	Occupation:

Home phone no: ( )	Work phone no: ( )	Cell phone no: ( )	Email address:

EMERGENCY CONTACT

Name of local friend or relative (not living at same address):	Relationship to player:	Home phone no:	Work phone no:
		( )	( )

----------LEAGUE USE ONLY----------

Birth Certificate	Proof of Residency:	Medical Release Form:	Volunteer Form:	Background Check:	League Official's Signature:
Yes ❑ NO ❑	Yes ❑ NO ❑	Yes ❑ NO ❑	Yes ❑ NO ❑	Yes ❑ NO ❑	

FINANCE USE ONLY

Amount:	Check Number:	Receipt # (cash)	Waiver: ❑ Form Given ❑	President Initials for waiver_____	Player Agent Signature:

Shirts	YS ❑	YM ❑	YL ❑	AS ❑	AM ❑	AL ❑	AXL ❑	AXXL ❑	Player shirt no:	
Pants	YS ❑	YM ❑	YL ❑	YXL ❑	AS ❑	AM ❑	AL ❑	AXL ❑		
Hat	Y ❑	A ❑		Socks	Belt		Parents Initial		Uniform Coordinator's Signature:	

PLAYER AGENT INFORMATION

Division Assigned:	League Age:	Player Agent Signature: