

# Buddy Baseball

## Player Application 2016



Participant's Name: \_\_\_\_\_

Please circle:    New Player            Returning Player

Team played on in 2015: \_\_\_\_\_

Uniform # : \_\_\_\_\_ Pant Size: \_\_\_\_\_ Jersey Size: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Participant Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Emergency Contact #1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency 1 Phone#: \_\_\_\_\_

Emergency 2 Phone#: \_\_\_\_\_

Applicant's School: \_\_\_\_\_

Applicant's Disability: \_\_\_\_\_

Heart Disease/Heart Defect/High Blood Pressure:    \_\_\_\_yes \_\_\_\_no

Chest pain or fainting spells    \_\_\_\_yes \_\_\_\_no

Seizure/Epilepsy    \_\_\_\_yes \_\_\_\_no

Diabetes    \_\_\_\_yes \_\_\_\_no

Impaired Motor Ability    \_\_\_\_yes \_\_\_\_no

Uses a wheelchair    \_\_\_\_yes \_\_\_\_no

Allergy    \_\_\_\_yes \_\_\_\_no    \*If Yes, explain: \_\_\_\_\_

Special Diet    \_\_\_\_yes \_\_\_\_no

Exercise induced wheezing    \_\_\_\_yes \_\_\_\_no

Tendency to bleed easily    \_\_\_\_yes \_\_\_\_no

Serious bone or joint disorder    \_\_\_\_yes \_\_\_\_no

Hearing aid/hearing loss    \_\_\_\_yes \_\_\_\_no

Contact lenses/eyeglasses    \_\_\_\_yes \_\_\_\_no

Other/Additional Comments: \_\_\_\_\_