

Fairport Little League

PO Box 334
Fairport, NY 14450



2019 Player Registration Form

Player Information

Last Name	First Name	Gender (M/F)	Phone	Date of Birth (MM/DD/YYYY)
Street Address		City/State	Zip	Email
League/Age Group You're Registering In	Circle One Returning Player New to Fairport LL - <i>(copy of BC must be provided by mail)</i>	Circle if any of these apply 10-12 year old to tryout for Bronco Baseball 8 year old girl prefers to play down to Micros Softball 10 year old girl to tryout for Majors Softball		Circle player's shirt size Youth Small Youth Medium Youth Large Youth Xlarge Adult Small Adult Medium Adult Large

Parent/Guardian Information

Guardian 1	Last Name	First Name	Phone	Email
Guardian 2	Last Name	First Name	Phone	Email

Can you help as a Volunteer?

I am (we are) willing to: (circle all that are appropriate)

Head Coach of a Team	Asst Coach of a Team	Team Parent	Field Maintenance	Booster Club
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Guardian Authorization

I, a parent or guardian of the above named candidate for a position on a Fairport Little League team, hereby give my approval to his/her participation in any and all Fairport Little League activities. I assume all risks and hazards incidental to such participation including transportation to and from the activities; and I do hereby waive, release, absolve, indemnify, and agree to hold harmless the local League, the organizers, sponsors, supervisors, participants, and persons transporting my son/daughter to or from activities, for any claim arising out of injury to my son/daughter whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance. I agree to return upon request, the uniform and other equipment issued to my son/daughter, in the condition received, except for normal wear and tear.

Guardian Signature

Player Medical Information and Guardian Medical Release

Family Physician Name	Phone	Family Insurance Provider
Family Physician Address	City/State	Zip
Any Drugs/Medication Being Used by Player		Date of Player's last Tetanus Toxoid Booster
Player's Current Medical Problems a Physician Should Know About		

In case of emergency, if the family physician above cannot be reached, I hereby authorize the player I'm registering to be treated by another available qualified and licensed physician.

Today's Date

Guardian Signature