

Cash \_\_\_\_\_

Ck # \_\_\_\_\_

# 2017 QUEEN CITY BASEBALL LITTLE LEAGUE SPRING REGISTRATION FORM

*Committed to Youth Baseball*



T-Ball - \$105  
Minor league - \$105  
Major League - \$105

**NOTE: \$35 RETURNED CHECK FEE. ONE APPLICATION PER CHILD.**

Player Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ Plfd., NJ 0706 \_\_\_\_\_

Home #: \_\_\_\_\_ Cell#: \_\_\_\_\_ Birth Date \_\_\_/\_\_\_/\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Uniform Size :Y or Adult (S,M, L, XL, XXL) Shirt \_\_\_\_\_ Pant \_\_\_\_\_

Medical Release I give my permission for any and all medical attention necessary to be administered to my child (named above) in the event of an accident, injury, sickness, etc. under the direction of the person(s) listed below, until such time as I can be contacted. I hereby assume responsibility for payment of any such treatment. This release is effective until December 31, 2017. In the event that I cannot be reached, the following are designated to act on my behalf:

Parent /Guardian Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Manager

Coach

League or Tournament representative where my child is playing

Physician \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

Parent /Guardian Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Our email address: [qcbl2013@gmail.com](mailto:qcbl2013@gmail.com)

League Website: [www.leaguelineup.com/queencitybaseballleague](http://www.leaguelineup.com/queencitybaseballleague)

Official Use Only: Fundraiser \$ \_\_\_\_\_

QCBL, Inc.  
653 Sheridan Avenue Plainfield, NJ 07060