	IOTE To be associated by any Demotes Conserve	-	5	
	IOTE: To be carried by any Regular Seasc ger together with team roster or Interna		t affidavit.	SHEALD
	Date of Birth:	Gende	er (M/F):	
arent (s)/Guardian Name:		Relationship:		
arent (s)/Guardian Name:		Relationship:		
layer's Address:	City:	State/	Country:Zip:	
ome Phone:	Work Phone:	Mobile Pho	one:	
ARENT OR LEGAL GUARDIAN	AUTHORIZATION:	Email:		
case of emergency, if family phy mergency Personnel. (i.e. EMT, F	ysician cannot be reached, I hereby auth ïrst Responder, E.R. Physician)	orize my child to l	be treated by Certified	
amily Physician:	Phone:			
ddress:	City:	State	/Country:	
ospital Preference:				
arent Insurance Co:	Policy No.:	Group	Group ID#:	
	Policy No.: t be reached in case of emergency, con		e/Group ID#:	
		act:	e/Group ID#: lationship to Player	
parent(s)/legal guardian canno	t be reached in case of emergency, con	t act: Re		
parent(s)/legal guardian canno Name Name	t be reached in case of emergency, con	t act: Re Re	lationship to Player lationship to Player	
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parent(s)/legal guardian canno Name Name Please list any allergies/medical pro	t be reached in case of emergency, con Phone Phone oblems, including those requiring maintenan	Re Re Re ce medication. (i.e. I	lationship to Player lationship to Player Diabetic, Asthma, Seizure	Disorde
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WARNING: PROTECTIVE EQUIPMENT CANNOT PREVENT ALL INJURIES A PLAYER MIGHT RECEIVE WHILE PARTICIPATING IN BASEBALL/SOFTBAL Little League does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.