

# Carlisle Teener Baseball

P.O. Box 1117, Carlisle, PA 17013

## Player Registration Form

Spring 2017

<b>Player Name</b>				<b>Birthdate</b>		
<b>Address</b>					<b>Gender</b>	
<b>Address 2</b>					<b>Age</b>	
<b>City/State/Zip</b>						
<b>Home Phone</b>	( )					
<b>Email</b>						

Municipality: Carlisle Boro  Dickinson Twp  Mt. Holly Springs  North Middleton Twp

**Registration Fees:** \$125.00 per player *Checks should be made payable to "CALL"*

Parent # 1	Parent # 2
<b>Name</b>	<b>Name</b>
<b>Phone</b> ( )	<b>Phone</b> ( )
<b>Email</b>	<b>Email</b>
<b>Occupation</b>	<b>Occupation</b>
<b>Volunteer</b> <input type="checkbox"/> If checked, fill out "Volunteer Application"	<b>Volunteer</b> <input type="checkbox"/> If checked, fill out "Volunteer Application"

Does registrant play another Spring sport?  Yes  No

Medical Information	League Use Only
<b>Emergency Contact</b>	<b>Birth Certificate</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Relationship to Player</b>	<b>Proof of Residency</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Insurance Carrier</b>	<b>Medical Release Form</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Phone</b> ( )	<b>Waiver needed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Policy</b>	<b>Level Assigned</b>
	<b>Team Name</b>
<b>Allergies/Health Concerns:</b>	

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Amount Received:** \_\_\_\_\_  Cash  Check No. \_\_\_\_\_

**Shirt Size:** YS \_\_\_\_\_ YM \_\_\_\_\_ YL \_\_\_\_\_ AS \_\_\_\_\_ AM \_\_\_\_\_ AL \_\_\_\_\_ AXL \_\_\_\_\_