

2010 Fall Ball – Taconic Little League



Player Registration Form

Player Name _____
 Address _____
 Address 2 _____
 City/State/Zip _____
 Home Phone () _____
 Email _____

Birth date _____
 Gender _____
 Shirt Size _____
 Baseball
 Softball

Parent #1

Name _____
 Phone () _____
 Email _____
 Occupation _____
 Volunteer? If checked please fill out Volunteer Application

Parent #2

Name _____
 Phone () _____
 Email _____
 Occupation _____
 Volunteer? If checked please fill out Volunteer Application

Medical Information

Emergency Contact _____ Phone _____
 Relationship _____
 Insurance Carrier _____ Policy # _____

Fall Ball Registration Fee: \$35

Return with check payable to **Taconic Little League** to:

Taconic Little League
 P.O. Box 54
 Stanfordville, NY 12581

If interested in coaching check here:

Fall Season runs from late August through October

Visit the website at www.taconiclittleleague.com or call Mike Denatale at 266-0030 for more information

Signature _____ Date _____

League Use Only

Birth Certificate	Yes/No	Proof of Residency	Yes/No	Medical Release Form	Yes/No
League Age:		Waiver Needed	Yes/No		
Team/Level:					