

KALISPELL LAKERS - AMERICAN LEGION BASEBALL 2010 REGISTRATION

PARTICIPANTS NAME: _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

DATE OF BIRTH: _____ SEX: _____

E-MAIL: _____

PARENT(S) OR GUARDIAN:

MOTHER'S NAME: _____

ADDRESS: _____

PHONE DAY: _____ HOME: _____ CELL: _____

E-MAIL: _____

FATHER'S NAME: _____

ADDRESS: _____

PHONE DAY: _____ HOME: _____ CELL: _____

E-MAIL: _____

CONTACT PERSON OTHER THAN ABOVE:

NAME _____ PHONE: _____

PHYSICIAN: _____ PHONE: _____

\$30.00 REGISTRATION FEE (NONREFUNDABLE) YES _____ NO _____

TEAM POLICY YES _____ NO _____

DRUG & ALCOHOL POLICY YES _____ NO _____

EMERGENCY MEDICAL FORM YES _____ NO _____

PHYSICAL YES _____ NO _____

BIRTH CERTIFICATE YES _____ NO _____