

**Wantagh Little League
Player Registration Form**

Registration Number: _____

Player's Last Name: _____ **First Name:** _____ **MI:** _____

Street: _____

Town: _____ **State:** _____ **Zip:** _____

Phone: _____ **Cell:** _____ **Sex:** _____ **Birthdate:** _____

Email: _____

Division: _____ **Team:** _____

Shirt Size: _____ **Pants Size:** _____ **Socks Size:** _____ **Hat Size:** _____ **Uniform** _____

Grade: _____ **School:** _____

Father's Last Name: _____ **First:** _____ **Phone:** _____

Address: _____ **Work:** _____ **Cell:** _____

Father will help with Team _____ **League** _____ **Umpire** _____ **How?** _____

Email: _____ **Father's Occupation:** _____

Mother's Last Name: _____ **First:** _____ **Phone:** _____

Address: _____ **Work:** _____ **Cell:** _____

Mother will help with Team _____ **League** _____ **Umpire** _____ **How?** _____

Email: _____ **Mother's Occupation:** _____

Emergency: _____ **Phone:** _____ **Cell:** _____ **Relation:** _____

Doctor: _____ **Phone:** _____ **Note:** _____

Dentist: _____ **Phone:** _____ **Hospital:** _____

Father's Insure Co: _____ **Policy #:** _____ **Mother's:** _____ **Policy #:** _____

Amtdues: _____ **Ampaid:** _____ **Method:** _____ **Fund Raiser:** _____

I understand that there will be NO requests honored.

I agree to abide by the rules, regulations and code of conduct of the Wantagh Little League. I acknowledge that violation of these rules, regulations or code of conduct will result in the suspension or expulsion of player and or family member from the League with no refund.

Parent/Guardian _____

Date _____