



Wantagh Little League Winter Baseball Camp

Participant Registration Form: Please Print Clearly:

Name _____ DOB _____
(Last) (First) MM/DD/YEAR

Address _____ City/Town _____

State _____ Zip _____ Phone/Area Code _____

Cell _____ E-Mail Address _____

Parent/Guardian _____ Emergency Number _____

T-Shirt Size
(For ages 6 through 12 for Baseball Clinic Only)

As the parent or guardian of (Participant) _____, I hereby give permission for the above named child to participate in the Wantagh Little League Winter Baseball Camp. I further attest that the participant is in good health. I know of no physical condition that could prevent my child from taking part in the Wantagh Little League Winter Baseball Camp.

Parent/Guardian Signature

Mail the forms directly to Wantagh Little League P.O. Box 94 Wantagh, NY 11793.

Office use only!!!

Fee paid _____ Date _____