



Kenton Little League Player Registration Form



Player Information

Player Name	_____	Birth Date	_____
Address	_____	Gender	_____
City	_____		
State	_____	Uniform Shirt Size	_____
Zip Code	_____		
Medical Condition(s)	_____		
Doctor	_____	Doctor Phone Number	_____

Primary Guardian

Guardian Name	_____	Relationship	_____
Address	_____	Home Phone	_____
City	_____	Mobile Phone	_____
State	_____	Business Phone	_____
Zip	_____	Email Address (required)	_____

Occupation _____
Company _____

Volunteer (mark any area for which the guardian would like to volunteer)

- | | |
|--|--|
| <input type="checkbox"/> Coach | <input type="checkbox"/> Concession Stand |
| <input type="checkbox"/> Assistant Coach | <input type="checkbox"/> Field Maintenance |
| <input type="checkbox"/> Umpire | <input type="checkbox"/> Mowing |

Other Guardian

Guardian Name	_____	Relationship	_____
Address	_____	Home Phone	_____
City	_____	Mobile Phone	_____
State	_____	Business Phone	_____
Zip	_____	Email Address	_____

Occupation _____
Company _____

Volunteer (mark any area for which the guardian would like to volunteer)

- | | |
|--|--|
| <input type="checkbox"/> Coach | <input type="checkbox"/> Concession Stand |
| <input type="checkbox"/> Assistant Coach | <input type="checkbox"/> Field Maintenance |
| <input type="checkbox"/> Umpire | <input type="checkbox"/> Mowing |