

***Denotes sections which are required by Mountaineer League**

2010 Registration Form

Organization Name: _____

***Player Information**

Age as of April 30, 2010: _____

Division (circle one): Shetland Pinto Mustang Bronco Pony Colt
 5-6 7-8 9-10 11-12 13-14 15-16

Name: _____ Date of Birth: _____
Address: _____ E-Mail: _____

Did you play in the Mountaineer League last season? Yes _____ No _____
If yes, identify age group, team and coach: _____

***Identify Parent(s)/Guardian(s) with whom Player Resides**

Name(s): _____ Relationship: _____
Address: _____ Home Phone: _____
_____ Cell Phone: _____
E-Mail: _____ Work Phone: _____

Player Uniform Information

Shirt Size: Youth Med. (10-12) Lg. (14-16)
 Adult Sm. (32-36) Med. (36-38) Lg. (38-40) Xlg. (40-42)
Pant Size: Youth Xsm. (2-4) Sm. (6-8) Med. (10-12) Lg. (14-16) Xlg. (18-20)
 Adult Sm. (32-36) Med. (36-38) Lg. (38-40) Xlg. (40-42)

Player Health Information

Allergies: _____ Current medications, if any: _____
Health Problems: _____ Date of Last Tetanus: _____
Health Insurance Co.: _____ Group/Policy No.: _____
Name of Physician: _____ Physician Telephone No.: _____

I, parent or guardian of (Player), hereby give approval for participation in any and all (Organization) activities. I hereby grant permission to managing personnel or other league representatives to authorize and obtain medical care from any licensed physician, hospital or medical clinic should the player become ill or injured while participating in league activities away from home, or when neither parent or legal guardian is available to grant authorization for emergency treatment. I assume all risks and hazards incidental to such organization, the organizers, sponsors, supervisors, participants and persons transporting the player to and from the activities, for any claim arising out of an injury to the player. I further agree to furnish a birth certificate for the player upon request.

Signature of Parent or Legal Guardian Relationship Date

In case of emergency (contact) Relationship Phone#

Payment Information

Amount Paid: _____ Check No. _____ Cash _____