

\*Denotes sections which are required by Mountaineer League

**2011 Registration Form**  
**Organization Name:** \_\_\_\_\_

**\*Player Information**

Age as of April 30, 2011: \_\_\_\_\_

**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 \_\_\_\_\_