



## South San Francisco Pee Wee Baseball League Registration

### Player Registration

1. Last Name		2. First Name		3. MI	4. Nick Name	
5. Telephone	6. Street Address			7. City		8. State
10. Date of Birth		11. Age as of 4/30/07	12. School			
13. New Player In This League? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, fill in Box 14. - If Yes, leave box 14. Blank			14. Returning Player – Team Played for Last Season			

### Medical Information

15. Physician	16. Physician Phone	17. Medical Insurance Carrier	18. Policy Number
19. Dentist	20. Dentist Phone	21. Dental Insurance Carrier	22. Policy Number

### Mother / Guardian

23. Last Name		24. First Name		25. MI	26. Home Telephone	
27. Work Telephone		28. Cell Phone / Pager		29. e-mail address		

### Father / Guardian

30. Last Name		31. First Name		32. MI	33. Home Telephone	
34. Work Telephone		35. Cell Phone / Pager		36. e-mail address		

### Emergency Contacts

37. Name		38. Telephone		39. Relationship	
40. Name		41. Telephone		42. Relationship	

43. SSF Pee Wee Baseball League is run by Volunteers. We are always looking for Managers to coach and run baseball teams. If you are interested write your name and phone number in this box and a league official will contact you.  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

44. Does your child have any disabilities, handicaps, respiratory illness or any other significant medical conditions?  
 Yes  No If yes, please describe here or attach another sheet:

**Emergency Authorization:** I, the undersigned parent or legal guardian of the above player, a minor, hereby authorize the coaches, team parents, the above-identified Emergency Contact and /or other SSF Pee Wee Baseball League officials to act as my agents in the capacity of activity supervisors and vehicle drivers and to consent to medical, surgical or dental examination or treatment.

**Emergency Authorization:** I acknowledge that participation in baseball necessarily involves risk of injury. For myself and the above player, I accept and assume all such risk.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Make Checks Payable to: **SSF Pee Wee League**  
**Fee: \$50.00 per player.**  
**Fee: \$80.00 per family up to 2 family members.**

League Contact Information: **(650) 599-2188** (Leave a message with name and phone # a league official will contact you)  
<http://www.ssfowl.com> – SSF Pee Wee League Web Site

### Official League Use Only

Reg Form Completed / Signed	DOB Verified / Copy of Proof of Age	Fee Amount – Receipt #	Try Out Time:
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