

**Athlete's Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Pick up/Drop Off Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**\*\*If your child is being picked up by someone other than a parent/guardian or emergency contact, she must bring a signed note giving her permission to go home with someone else. If you know ahead of time, please fill in the pick up/drop off info above\*\***

**Known Allergies:**

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**Other:** (please include injuries, asthma (inhaler), migraines, etc. we should be aware of)

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**\*\*All insurance is through Northern Columbia Little League\***

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