

# Altamont Girls Little League Softball

Date of Birth \_\_\_\_\_

Age (*as of Jan. 1, 2017*) \_\_\_\_\_

(Please Print)

Name of Player \_\_\_\_\_

Parent(s)/Guardian(s) name \_\_\_\_\_

Complete mailing address \_\_\_\_\_

Phone # \_\_\_\_\_

Emergency Contact (other than parent/guardian) \_\_\_\_\_

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Emergency contact phone # \_\_\_\_\_

Shirt size \_\_\_\_\_ # on shirt (can't be guaranteed) \_\_\_\_\_

I the parent of the above player, give my permission for said child to participate in the current softball league of Labette County Ball Assoc. My child has \_\_\_\_\_ condition(s) which the league should be aware. In case of emergency I give my permission for necessary medical treatment by the nearest medical provider in my absence.

Signature of Parent(s)/Guardian(s) \_\_\_\_\_

**\*\*Fees are \$30 (\$45 after 3/20) per child** (this fee pays for insuring every player, ump fees, equipment, and team shirts)

**\*\*Checks made payable to Altamont Girls Summer Ball League**

**\*\*All forms & dues must be turned in by March 17, 2017** & may be turned in to the Altamont Grade School or the Altamont City Office

**\*\*If you have any questions please call or text Jenn Bebb 778-4454**