

South Jersey Field of Dreams Baseball League

Player Registration Form

General Information

First Name		Date of Birth	
Last Name		Home Phone#	
Nickname		Cell Phone#	
Address		E-Mail Address	
City, State, Zipcode		School Name	
Player Shirt Size (Circle One)	Youth SM MED LG Adult SM MED LG XLG XXLG		
Emergency Contact Name		Emergency Contact Phone	
Emergency Contact Relationship			

Medical Information

Family Physician		Family Physician Phone #	
Family Physician Address		Date of Last Tetanus Toxoid Booster	
Player Diagnosis		Allergies	

Assistance Needed

Assistive Devices Needed (Circle One)	Wheelchair Braces Walker Crutches Cane Other (List):			
Physical Assistance Needed with Batting (Circle One)	None	Some	Moderate	Complete
Physical Assistance With Running (Circle One)	None	Some	Moderate	Complete

General Consent: I/we have read and understand the "Terms and Conditions" of the Field of Dreams Baseball League and I/We

hereby grant approval for _____ to participate in the South Jersey Field of Dreams Baseball League.

Parent / Guardian Signature _____

Date _____

Media Release: I/we have read and understand the "Release of Information to the Media" for the Field of Dreams Baseball League

and I hereby ***grant*** approval for taking ___ Photos ___ Videos or ___ conducting interviews with the above applicant(check all those that apply).

Parent / Guardian Signature _____

Date _____