



# West Shore Little League Registration Form

## ACCOUNT HOLDER 1: Primary Parent/Guardian Information

Name		Gender M/F	Relationship to Player	
<input style="width: 95%;" type="text"/>				
Email *Required		Physical Address		
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>		
Cell Phone	Telephone	City	State	Zip Code
<input style="width: 95%;" type="text"/>				

## ACCOUNT HOLDER 2: Additional Parent/Guardian Information

Name		Gender M/F	Relationship to Player	
<input style="width: 95%;" type="text"/>				
Email *Required		Physical Address		
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>		
Cell Phone	Telephone	City	State	Zip Code
<input style="width: 95%;" type="text"/>				

## PARTICIPANT #1

Legal First Name	Legal Last Name	Gender M/F
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Date Of Birth MM/DD/YYYY	T-ball, Baseball or Softball	League Age
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Email	Cell Phone	Same Address as primary Y / N
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Address if different from Primary Account holder		
<input style="width: 95%;" type="text"/>		
Little League School Name	Circle Jersey Size:	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Coach Request (not guaranteed)	Special Requests/Comments	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Allergies *	Does your child play in any other youth baseball or softball programs (e.g. leagues, travel ball, tournaments, etc? Y / N	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Did you (the parent) play Little League as a child? Y / N		
<input style="width: 95%;" type="text"/>		

Signature \_\_\_\_\_ Date \_\_\_\_\_

### League Use Only

# of Participants	Total Fee Paid (\$100, \$190, \$270, \$340, \$410)
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Payment Type (Cash, Check # or Credit Card)	League Official's Initials
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Birth Certificate(s) Yes / No	Proof of Residency Yes / No
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

