

PITTSBURGH POWER SOFTBALL

*** PLAYER INFORMATION ***

NAME: _____ NICKNAME: _____
ADDRESS: _____ CITY: _____ ZIP CODE: _____
HOME PHONE NUMBER: _____ E-MAIL ADDRESS: _____
DATE OF BIRTH: _____ AGE AS OF: _____ SOCIAL SECURITY #: _____
SCHOOL: _____ GRADE IN SCHOOL ON 9-1-200: _____

*** PARENT / GUARDIAN INFORMATION ***

FATHERS NAME: _____ ADDRESS: _____
FATHERS HOME PHONE #: _____ FATHERS WORK PHONE #: _____
MOTHERS NAME: _____ ADDRESS: _____
MOTHERS HOME PHONE #: _____ MOTHERS WORK PHONE #: _____
CELL PHONE #'S: _____ E-MAIL ADDRESS: _____

*** MEDICAL INFORMATION ***

PHYSICIANS NAME: _____ PHONE #: _____
HEALTH INSURANCE CARRIER: _____ POLICY #: _____
MEDICATIONS: _____ ALLERGIES: _____
MEDICAL CONDITIONS WE SHOULD BE AWARE OF?: _____
IN CASE OF EMERGENCY, WHOM SHOULD WE CONTACT OTHER THAN PARENTS: _____
EMERGENCY PHONE #: _____ RELATIONSHIP TO PLAYER: _____

*** GENERAL INFORMATION ***

AS A PARENT I WILL HELP WITH: FUNDRAISING _____ PHONE CALLS _____ TEAM REP _____
TRANSPORTATION _____
PLAYERS CHOICE OF UNIFORM #: 1ST CHOICE _____ 2ND CHOICE _____ 3RD CHOICE _____
POSITIONS YOU WOULD LIKE TO PLAY
1ST _____ 2ND _____ 3RD _____