

Richmond Spirit Baseball Registration Form 2010

Player Information (please print)

Players Last Name		First Name	
Street Address		Home Phone	
City		player's cell Phone	
State	Zip	E-mail	
D.O.B	Age	male	female
Height	Weight	Grade	Office use MS JV V
Parents or Legal Guardian Information			
Name	Father's Cell		
Address	Mother's Cell		
City	Email		
State, Zip			

Medical Information

Medications Taken at this time	Allergies	Special Instructions

In the event of injury or emergency, if I or my emergency contact cannot be notified, I authorize the individuals in charge to obtain emergency medical treatment for my child as deemed necessary by competent medical personnel. I understand that I am fully responsible for any and all charges incurred in the event of such treatment.

Primary Medical Insurance Company	
Policy Number	Last Physical
Physician's Name	Phone
Address	Preferred Hospital

REGISTRATION FEE INFORMATION

A player fee of \$50 is due with this registration form. This fee is non-refundable.

Date received: _____ Check# _____ Cash amt. _____

Mail to: Spirit Athletics PO Box 774 Colonial Heights, VA 23834