

## LAKEHILL LITTLE LEAGUE FALL BASEBALL DISTRICT 7 REGISTRATION FORM



PLAYER AGE: 8/9 years (in 2013) Exceptions on age can be made.

_	e done on the first day, Se ail your intent to register to	ept.07, starting at 1:00 P.M.	
PLAYER INFO	all your intent to register to		
	<del></del>		
Players Last Name	Plag (day/month/ye	yers First Name	
Date of Birth	(day/montil/yc	·ai )	
Home address			
City	Prov	Postal Code	
Tel:			
Does the child have any medica	al concerns or allergies v	we need to be aware of: Y	ES/NO
If yes please explain			
BC Medical Card			
Family Doctors		Tel #	
		T-1.#	
Family Dentist		Tel#	
PARENT INFO			
Mother name (First & Last)		Home tel	
Address		Cell	
	Too all address		
	Email address	<u> </u>	
Fathers name (First & Last)	_	Home Tel	
Address		Cell	
EMERGENCY CONTACT	Email address	<u> </u>	
Name			
INAIIIC		I CI #	
Relationship to child			
Relationship to child Address	Email address	<b>3</b>	