



Mission Hills Little League Since 1957

Registration Form 2008 (818)893-0505

Do not send CASH ~ Print Registration then Mail to: MHLL P.O. BOX 950292, Mission Hills, California 91345 ~ Checks ONLY

Player's Last Name _____ First Name _____
Address _____ City _____ Zip _____
Primary Phone _____ Sex: Male _____ Female _____ DOB _____
Age _____ Grade _____ School _____

Father's Last Name _____ First Name _____ HM Phone _____
Work Phone _____ Ext: _____ Occupation _____
Cell # _____ E-mail _____

Will Help League: Team _____ Umpiring _____ Auxiliary Board _____ Snack Bar _____ Fund Raising _____

Mother's Last Name _____ First Name _____ HM Phone _____
Work Phone _____ Ext: _____ Occupation _____
Cell # _____ E-mail _____

Will Help League: Team _____ Umpiring _____ Auxiliary Board _____ Snack Bar _____ Fund Raising _____

KNOWN ALLERGIES, INCLUDING ANY ALLERGIES TO MEDICINE _____

ANY KNOWN MEDICAL CONDIOTIONS OR RESTRICTIONS _____

Medical Insurance: Yes _____ No _____ If yes, What health insurer? _____

EMERGENCY CONTACT _____ PHONE NUMBER _____

PHYSICIAN _____ PHONE NUMBER _____

MEDICAL RELEASE ~ as the parent and Legal Guardian of _____

I hereby give my consent to Mission Hills Little League in my absence permission to admit the above named minor to any hospital or medical facility for diagnosis and treatment. It is understood that conscientious effort must be made to notify my spouse or me before such action is taken. I request and authorize physicians, dentists and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such license technicians or nurses to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above named minor. I have not been given a guarantee as to the results of examination or treatment. I also assume all responsibility and financial obligations for the payment of any such treatment. **Date of last tetanus Booster** _____

I HAVE READ THE ATTACHED PARENT RESPONSIBILITY LETTER AND UNDERSTAND MY OBLIGATION AS A LEAGUE MEMBER _____

How did you hear about Mission Hills Little League?

RETURNING PLAYER _____ NEWSPAPER _____ FLYER _____ REFERRED BY _____ SIGN _____ WEB _____

Notes _____

Official use only

Registration Fee: _____ Amount Paid _____ Balanced Owed _____ Check No. _____

Paid CASH _____ DATE _____ RECEIVED BY: _____

Registration Number _____ Playing Age as of April 30 2008 _____

Team _____ Division _____ Manager _____