

Email Address: _____

Ellen Lambert Murphy Memorial Community Center
PO Box 82
20-21 Durkee Street
Winchester, NH 03470
603/239-4316 Fax 603/239-6713
www.elmmcenter.net

Participant: _____ Program: *Tri County Baseball*
Address: _____ Male: _____ Female: _____
Parents Name: _____ Grade: _____ Age: _____ Date of Birth: _____
Home Phone: _____ Work Phone: _____ Cell Phone #: _____

My child has played: (Please check all that apply and how many years child played in that level)

Farm League _____ Peewee _____ Youth League _____

Name of Emergency Contact: _____ Phone#: _____

Participants Insurance Co.: _____ Policy#: _____

Medical Information:

Allergies drugs or medicines? _____

Does Participant suffer from: Asthma _____ Diabetes _____ Epilepsy _____

Is there any additional medical information we should know (such as physical or developmental limits)?

Shirt Size: Youth XS. _____ Sm. _____ Md. _____ Lg. _____ XL. _____ Adult Size Sm. _____ Md. _____ Lg. _____ XL. _____

Athletic Pant Size: Youth Sm. _____ Md. _____ Lg. _____ Adult Size Sm. _____ Md. _____ Lg. _____

Shoe Size: _____

I hereby give my permission for _____ to participate in the ELMCC Baseball and understand that (s)he will be traveling to opponents home field and I will provide or find suitable transportation for my child. I authorize the Ellen Lambert Murphy Memorial Community Center to provide emergency treatment of any injury or illness my child may experience. If qualified medical personnel consider treatment necessary to perform the recommended treatment. This authorization is granted if I cannot be reached, and reasonable effort has been made to do so, or in a life-threatening situation. My child and I are aware of the potential hazards associated with the ELMCC Baseball. I assume all risks associated with participation in this program, including but not limited to falls, contact with other participants, the efforts of the weather, traffic and other reasonable conditions associated with the program. I understand this consent form and agree to its' conditions on behalf of my child.

Parents Signature: _____ Date: _____

I would like to be a volunteer coach YES / NO
I would like to volunteer as an assistant YES/NO
I would like to be a team parent YES/NO

PLEASE CIRCLE ONE: RESIDENT OF WINCHESTER AND ASHUELOT \$10.00 / NON RESIDENTS \$15.00