



## CENTRAL FLORIDA BAMBINO BUDDY-BALL, INC.



### Player Registration Form

Player Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Shirt size: \_\_\_\_\_ YS \_\_\_\_\_ YM \_\_\_\_\_ YL \_\_\_\_\_ AS \_\_\_\_\_ AM \_\_\_\_\_ AL \_\_\_\_\_ AXL \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

If returning player please list team player was on. \_\_\_\_\_

#### Emergency Contact Information:

Name: \_\_\_\_\_ Phone (1): \_\_\_\_\_ Phone (2): \_\_\_\_\_

Relationship to player: \_\_\_\_\_

#### Does your child (check all appropriate):

\_\_\_\_ use a wheelchair      \_\_\_\_ wear glasses  
\_\_\_\_ use a walker      \_\_\_\_ wear hearing aids  
\_\_\_\_ use crutches

Player Diagnosis: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Would you be interested in being a:

Team manager      (yes) \_\_\_\_\_ (no) \_\_\_\_\_  
Assistant coach      (yes) \_\_\_\_\_ (no) \_\_\_\_\_  
Committee member      (yes) \_\_\_\_\_ (no) \_\_\_\_\_

By signing below, I acknowledge that the above stated information is accurate. I understand that my child's likeness may be used for promotional/media purposes such as league website, fliers, advertisements, commercials, newspaper and TV news coverage, etc. I understand that Central Florida Bambino Buddy-Ball, Inc. will take every step to ensure the safety of my child and/or their buddy during all sanctioned events. I agree to hold Central Florida Bambino Buddy-Ball, Inc. harmless against any and every obligation, liability and responsibility for damage to persons or property occurring during any league play and/or special event.

Parent/Guardian signature: \_\_\_\_\_