

League Official will be populated by a league representative at the Manager's meeting. All other fields, please have a team representative populate prior to the Manager's meeting. Please bring the completed form with you on the day of the Manager's meeting. This form will be reviewed with your teams registration package, medical release, concussion certificate and sudden cardiac arrest form (NFHS.com)

Examples of how to fill out this form

Team Name: <i>Red Soxs</i>				Division: <i>14U Softball</i>		League Official: <i>plse leave blank</i>	
Manager Name: <i>Adam Smith</i>				Ph: <i>760.949.6786</i>		Email: <i>adamsmith@gmail.com</i>	
Player Name:	City of residence:	Zip Code:	Date of Birth:	Age:	Birth Year:	Parents Name:	Email:
<i>Janet Smith</i>	<i>Victorville</i>	<i>92393</i>	<i>09/03/07</i>	<i>13</i>	<i>07</i>	<i>Adam/Sharlene Smith</i>	<i>adamsmith@gmail.com</i>