## **RGMVM BASEBALL**

## RIDGEWOOD, GLENDALE, MIDDLE VILLAGE, MASPETH SPORTS ASSOCIATION, INC. SPONSOR OF LITTLE LEAGUE BASEBALL.

Registration:		Date:		
Division:			Age:	
CHILD FULL N	IAME:			
ADDRESS:				
CITY:	ZIP	CODE:	PHONE:	
DATE OF BIR	TH:		_/YEAR	
EMAIL: (PLEA	SE PRINT CLEARLY):	:		
MEDICAL INS	URANCE INFORMAT	ΓΙΟΝ:		
DO YOU HAVE MEDICAL INSURANCE?			YES:	NO:
Name of Carrier:			Policy#:	
I, the parent o participation i to hold harmle	n any and all Sports A ess the sports associati igence or for any other	, do hereby Association activit tion, the Little Lea	give my consent ies. I do hereby w ague, Little Leagu	ned) and approval to his/ her vaive, release, absolve and agree e Baseball, Inc., whether the the amount covered by accident
	ighter gains assignme gistration fee is to be i		teams of the Loca	l Little League, I understand no
	Parent or Guardian Si			
Season:	SPRING:	SUM	MER:	FALL:
PAID:	CHECK#	CASH	l:	AMOUNT: