



Hudson Diamond Sports
Player Registration Form



As of 3 February 2006

Registration Number: _____

Player's Last Name: _____ **First Name:** _____ **MI:** _____

Street: _____

City: _____ **State:** _____ **Zip Code:** _____

Sex: _____ **Birthdate:** _____ **Grade:** _____ **School:** _____

Home Phone: _____ **Cell Phone:** _____ **Email:** _____

Father's Last Name: _____ **First Name:** _____ **MI:** _____

Home Phone: _____ **Cell Phone:** _____ **Email:** _____

Address (If Different): _____

Father will help with: **Team** _____ **League** _____ **Umpire** _____ **How?** _____

Mother's Last Name: _____ **First Name:** _____ **MI:** _____

Home Phone: _____ **Cell Phone:** _____ **Email:** _____

Address (If Different): _____

Mother will help with: **Team** _____ **League** _____ **Umpire** _____ **How?** _____

Emergency POC: _____ **Home Phone:** _____ **Cell Phone:** _____

Relationship: _____ **Preferred Hospital:** _____

Doctor: _____ **Phone:** _____ **Note:** _____

Dentist: _____ **Phone:** _____ **Note:** _____