

CLCF BASEBALL – TEAM
NECESSARY PLAYER INFORMATION

PLAYER NAME _____

Allergies – Food, Bee Stings, etc.

Medical Conditions – Asthma, Diabetes, etc.

Medicines Required

Special Needs

Emergency Contact Person - Primary

Secondary

Emergency Phone Number

Cell Phone

Any restraining orders – Who May or May Not pick up your child or have contact with.

E-Mail Address