



FALL BASEBALL PLAYER APPLICATION

HOTLINE NUMBER: 610 828 4232 • WWW.CONSHYLL.ORG

FEE: \$50 (first child), **\$5** (each additional child)

Player's Name (Last, First)			Birth Date
Address	City	State	Zip
Phone	E-mail		

Shirt Size (circle one):
Youth: M L **Adult:** XS S M L XL

Participation in Little League Baseball requires the ability to run, throw, swing a bat and catch a ball. Additionally, participation requires the capacity to understand the rules of the game. Does your child have any current condition that limits him/her ability to participate in this activity? **YES** **NO**
If "yes", please identify any modifications that would enable your child to participate.

Emergency Contact Person _____ **Phone** _____

Family Doctor _____ **Phone** _____

Insurance/Hospitalization Plan _____

Please provide information about allergies or medical conditions that the League should have in case an emergency should occur:

Parent/Guardian Signature	Date
----------------------------------	-------------

CLL USE ONLY:

Fee Paid	Received By
-----------------	--------------------