

Ellen Lambert Murphy Memorial Community Center

20-21 Durkee Street

Winchester, NH 03470

603-239-4316 Fax 603-239-6713

www.elmmcenter.org email: sportsrecreation@comcast.net

Please fill out registration form completely

Program: Tri-County Baseball Children in grades PK through 6th welcomed. Volunteer Coaches appreciated!

Participant: _____

Male: _____ **Female:** _____ **Grade:** _____ **Age:** _____ **Date of Birth:** _____

Shirt Size: _____ **Pants Size:** _____

Parent/Guardian Name: _____

Coach/Assistant Coach Yes / No _____

Physical Address: _____

Mailing Address: _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Email address: _____

Name of Emergency Contact: _____

Emergency Contact Phone Number: _____

Medical Information:

Participants Insurance Co.: _____

Any allergies to drugs or medications? _____

Does Participant suffer from: Asthma _____ **Diabetes** _____ **Epilepsy** _____

Is there any additional medical information we should know (such as physical or developmental limits)?
