



Town of Poughkeepsie Girls Little League
Player Registration Form



Player's Last Name: _____ First Name: _____ MI: _____
Street: _____
Town: _____ State: _____ Zip: _____
Phone: _____ Birthdate: _____
Players E-mail: _____

Shirt Size: _____ Pants Size: _____ (Please use Letter Sizes- YS, YM, YLAS, AM, AL, AXL, AXXL)
Grade: _____ School: _____

Father's Last Name: _____ First: _____ Phone: _____
Address: _____ Work: _____ Cell: _____
Father will help with Team _____ League _____ Umpire _____ How? _____
Email: _____ Father's Occupation: _____

Mother's Last Name: _____ First: _____ Phone: _____
Address: _____ Work: _____ Cell: _____
Mother will help Team _____ League _____ Umpire _____ How? _____
Email: _____ Mother's Occupation: _____

Emergency: _____ Phone: _____ Cell: _____ Relation: _____
Doctor: _____ Phone: _____ Note: _____
Dentist: _____ Phone: _____ Hospital: _____
Father's Insure Co: _____ Policy #: _____ Mother's: _____ Policy #: _____

Please mail to with self addressed stamped envelope to:
Bill Oatman
15 Merrywood Avenue
Wappinger Falls, New York 12590