



Bucks County Legends Baseball

www.buckscountylegends.com

13U - 16U (circle one)

2019 Travel Baseball Registration

Player Information

Last Name

First Name

Address

City

Postal Code

Date of Birth

Age on April 30th, 2019

T-Shirt Size
(Winter Workouts)

Uniform # Request
(Please list three)

Parent #1 *(or Legal Guardian)*

Parent #2

Name

Name

Email Address

Email Address

Cell Phone Number

Cell Phone Number

Emergency Contact & Medical Information

Contact Name

Cell Phone Number

Relationship

Home Phone Number

Any medical condition or medication coaches should be aware of:

Primary Insurance Carrier *(Legends Insurance Carrier will be Secondary)*

For Internal Use Only

Cash _____ Check # _____ Receipt # _____ Total: _____

Birth Certificate Received _____ Received By _____ Date _____
(Circle: Original or Copy)

