

Bucks County Legends Baseball

www.buckscountylegends.com

11U - 12U - 15U - 18U (circle one)

2021 Travel Baseball Registration

Player Information					
		_			
Last Name			First Name		
Address					
Audi C33					
City				Postal Code	
Date of Birth	Age on April 30th, 2021	-	T-Shirt Size (Winter Workouts)		# Request
Parent #1 (or Legal Guardian)		Parent #2		,	,
Name		Name			-
Email Address		Email Addre	ess		-
Cell Phone Number		Cell Phone Number			
Emergency Contact & Medical Ir	formation				
Contact Name		-	Cell Phone Number		-
Relationship		-	Home Phone Number		-
Any medical condition or medication coa	aches should be aware of:				
Primary Insurance Carrier (Legends Insur	rance Carrier will be Seconda	y)			
For Internal Use Only					
Cash Check	# Receipt #	·	Total:		_
Birth Certificate Receive (Circle: Original or Copy)	d	Received I	Ву	Date	-