

2025 Walpole Summer Baseball/Softball Leagues

Athletes' Name: _____
Parent's Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell: _____
Age: As of 4/30/25 _____ Date of Birth: _____ Grade _____
E-mail Address: _____

In the event of an emergency requiring medical attention, I hereby grant permission to a physician or other hospital personnel to attend to my child, _____. My Child may be in the care of an authorized representative from the Connecticut Valley Baseball League. I have authorized such representatives to make decisions regarding the care of my Child. I authorize Hospital Personnel to follow the instructions of the League's representatives regarding the care of my Child until I am present at the medical center.

If unable to contact the above person(s), please notify:

Name: _____
Home #: _____

Name: _____
Home#: _____

List any medical problems or conditions that your child has, such as asthma, heart trouble, diabetes, epilepsy, allergies, etc.

Parent Signature: _____
Date: _____

Make Checks Payable to: WYBF