Prince William Lassie League, Inc.

2012 SEASON REGISTRATION FORM

Name of Player: _____ How many years in the PWLL? _____

Parents / Guardians Names: _____

Street Address: _____

City, State, Zip: _____

Phone: (h) _____ Player's Birthday: _____

(w) _____ E-mail: _____

(c) _____ Can receive TEXT ☐ Yes ☐ No Referred by: _____

ARE YOU A: ☐ **NEW** Player?

How'd you hear about us? _____

_____

☐ **RETURNING** Player?

Returning to last years' Team? ☐ YES ☐ NO (Draft)

If "YES", your 2011 team? _____

AGE GROUP OF YOUR CHILD? ***(as of December 31, 2011)***

☐ 5-7 yrs old (Instructional) ☐ 8-10 yrs old (Pigtail) ☐ 11-14 yrs old (Junior) ☐ 15-18 yrs old (Senior)

WHAT SIZE TEE SHIRT WILL YOUR CHILD NEED?

☐ YXS ☐ YS ☐ YM ☐ YL ☐ YXL ☐ S ☐ M ☐ L ☐ XL ☐ XXL ☐ XXXL

VOLUNTEER PARTICIPATION: The following is a list of areas that volunteers are needed to make each Lassie League team a success. *Please check all that you would be interested in:*

☐ Coach ☐ Ass't Coach ☐ Umpire ☐ Team Sponsor ($250.00) ☐ League Sponsor (any dollar amount)

☐ Other _____

HOSPITAL AUTHORIZATION: **POTOMAC HOSPITAL,** Woodbridge, VA — **AUTHORIZATION FOR TREATMENT FOR MINORS**
(In absence of Parent or Guardian)

I give permission to Officials of the Prince William Lassie League to authorize emergency treatment at Potomac Hospital Emergency Department for my child: _____ _____ _____ _____
Full Name of Child *Age* *Birth Date* *Last DPT/TETANUS*

This form Valid from APRIL 1, 2012 - JUNE 23, 2012.

Family Physician / Pediatrician: _____

Family Physician / Pediatrician Phone: _____

Please list illness / allergies / routine medication given: _____

NOTE: An effort will be made, prior to the use of this form, to contact you should your child require emergency medical treatment. The PWLL will not be held responsible for any monetary charges. **IF YOU HAVE BEEN CONTACTED BY TELEPHONE OF ILLNESS OR INJURY TO YOUR CHILD, YOU ARE REQUESTED TO CONTACT THE POTOMAC HOSPITAL EMERGENCY DEPARTMENT (703) 670-1363 PRIOR TO LEAVING YOUR HOME OR OFFICE. THIS WILL FACILITATE THE HOSPITAL PROVIDING YOUR CHILD IMMEDIATE CARE.**

SIGNATURE of Parents / Legal Guardians: *Above information is correct.*

_____ Date: _____

PAYMENT OPTIONS: ☐ MasterCard ☐ VISA ☐ Check ☐ Cash

CREDIT CARD NUMBER: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

SECURITY CODE

ON BACK OF CARD ☐☐☐

Month Year

CARDHOLDER NAME:
(Please Type or Print)

CARDHOLDER SIGNATURE:

EXPIRATION DATE

THERE ARE 2 WAYS TO REGISTER

1) Bring this completed form and registration fee to one of our walk-in registration sessions (January 28, February 4, 11, 18, 25, and March 3), AMF Bowling Center on Dale Blvd.

2) Mail your completed and signed form and registration fee to:

PRINCE WILLIAM LASSIE LEAGUE, INC.
P.O. BOX 1706
WOODBRIDGE, VA 22195-1706

REGISTRATION CUTOFF IS MARCH 3, 2012.

Players NOT registered by this date you WILL be put on a WAITING LIST.