

NCSS New Player Form

Name: Birth Date: Paid: Y / N
\$40

Address: Phone: Home:
Cell:

Email: Shirt Size: Med

Full/Part Time: Positions: Comments:

#1 Emergency Contact: Name:
Number:

#2 Emergency Contact: Name:
Number:

Doctor/ Insurance: Allergies/ Blood Type/ Other:

Medications:

Need A Base Runner: Y / N Willing To Be A Replacement Runner: Y / N

To help the league and the team manager, please check off all the tasks you can be of assistance:

Help Manager Draft Players: Keep Selected Team Equipment:

Help Set Up Field and Equipment Before A Game: Put Away Equipment After A Game:

Create Team Lineup And Positions: Fill Out Scorebook: Write Game Summary:

Help Umpire (Home/1st/3rd):

Signature: _____ Date: _____