

NCSS New Player Form

Name:

Birth Date:

Paid: Y / N
\$40

Address:

Phone: Home:
Cell:

Email:

Shirt Size:

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: _____