OK Kids

League Name_____ Age Group (circle one) CP PW MG PR

Town or School and Team Name_____ Home Field Town_____

Manager/Head Coach_____ Address_____ Phone_____

Full Player Name	Birth Date	Home Physical Address including Town	Current School

I hereby certify that all the above information is true and correct. _____ Manager/Head Coach, Date_____

Submitted by_____ League President, Date_____ (revised March 2011)