



SPRING YOUTH BASEBALL PLAYER REGISTRATION FORM

Player Name: _____
(as you would like it to appear on trophy)

League Age: _____

Gender: Male Female

Level Assigned: _____

Address 1: _____

Shirt Size: _____

Address 2: _____

Birth Date: ____/____/____

City/Zip: _____

School: _____

Home Phone: _____

Grade: _____

Cell Phone: _____

Email: _____

Volunteer: Manage Coach

Manager Requested: _____
(Requests are not guaranteed)

Other Sports Played (for availability) _____

Parent #1

Name: _____

Parent #2: _____

Phone #(s): _____

Phone #(s): _____

Email(s): _____

Emails(s): _____

MEDICAL INFORMATION

Emergency Contact: _____

Phone #(s): _____

Relationship to Player: _____

Insurance Provider: _____

Policy #: _____

Registrations fees are Non Refundable

Parent/Guardian Signature: _____

LEAGUE USE ONLY

Form of Payment (non-refundable): Check # _____ Cash Amount \$ _____
Birth Certificate Code of Conduct Medical Release

**SPRING YOUTH BASEBALL
2012 SEASON**