



# 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) \_\_\_\_\_

Interested in Travel Baseball (ages 8 and Up – Tryouts required)

Parent #1

Name: \_\_\_\_\_

Parent #2: \_\_\_\_\_

Phone #(s): \_\_\_\_\_

Phone #(s): \_\_\_\_\_

Email(s): \_\_\_\_\_

Email(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  
2011 SEASON**