



Signature _

Player Registration Form

Player name									1	
Address							Birtho	late		
Address 2							Gend	er		
ity/State/Zip								ie Age/		
lome phone	()						Fee		Age	Amount
Email							My child will tryout for:		☐ Baseball☐ Softball	
Parent #1				P	arent #2					
Name					Name					
Phone	()				Phone	()			
Email				$\neg $	Email					
Occupation				\dashv \mid	Occupation					
Volunteer?					Volunteer?					
Medical Information Emergency contact Relationship to player			P	hone			Birth Certifi Medical Re	cate	Proof of Residen Waiver needed?	
Insurance ca	rier			P	olicy			Level Assig	ned	Team Name

Date .