



Registration Form

Player's Information

Full Name: _____

Preferred name/nickname: _____

Address: _____

Cell phone: _____

Email address: _____

Date of birth: _____

Parent Information

Mom: _____ Cell phone no.: _____

Dad: _____ Cell phone no.: _____

Mom's Email Address: _____

Dad's Email Address: _____

Home Phone Number: _____

Allergies and/or any other medical conditions:

Positions Played: _____

Previous/Current Team/League: _____

Throws: Right / Left

Bats: Right / Left