



Girls Baseball Registration Form

PLAYER INFORMATION

Player's Name _____ Date of Birth ____/____/____ **AGE AS OF JANUARY 1 OF THIS YEAR (5-YEAR-OLDS — APRIL 1)**

(Example: 3/20/1999)

Address _____ City _____ ZIP _____
(Example: 6251 Market Avenue NW)

Telephone (Home) _____ Grade _____

Elementary School district where you live: Genoa Knapp Reedurban Watson Whipple
 SJA Canton City Massillon City Other (Specify): _____

Name of manager last season _____ New Player Birth Certificate Birth Certificate Needed
(Birth certificate needed for NEW players only)

DRAFT INFORMATION

I WISH TO PARTICIPATE IN THE VOLUNTEER DRAFT AND CHANGE TEAMS (Eligibility — girls in the 7-, 8-, 9- & 10-year old age groups)

UNIFORM INFORMATION — Please try on sample uniform to make sure sizes are correct

Shirt Size:

Youth Small (YS) Youth Medium (YM) Youth Large (YL) Adult Small (AS)
 Adult Medium (AM) Adult Large (AL) Adult Extra-Large (AXL) Adult Extra Extra-Large (AXXL)

Pant Size:

Youth Small (YS) Youth Medium (YM) Youth Large (YL) Youth Extra-Large (YXL) Adult Small (AS)
 Adult Medium (AM) Adult Large (AL) Adult Extra-Large (AXL) Adult Extra Extra-Large (AXXL)

PARENT INFORMATION — Please provide as much information as possible

Mother's Name _____	Father's Name _____
<input type="checkbox"/> Address — same as above	<input type="checkbox"/> Address — same as above
Address _____	Address _____
City _____ ZIP _____	City _____ ZIP _____
Telephone (Home) _____	Telephone (Home) _____
Telephone (Cell) _____	Telephone (Cell) _____
E-Mail _____	E-Mail _____

PARENT WOULD LIKE TO: Manage Coach Help Team Rep Umpire Sponsor

Parent Signature _____ Your relationship _____

DATE REGISTERED: ____/____/____ AMOUNT PAID: \$ _____ RECEIVED BY: _____
(Example: 3/20/1999)

Cash Check # _____ Closed-League Plan Family Plan