



2014-2015

Fall/Spring/Summer

Player Registration

Players Name: _____

Players Address: _____

Age: ____ Date of Birth: _____

School Currently Attending: _____

2014-2015 School Year Grade: _____

Player Profile: (circle team desired)

12U

14U

18U Elite

18U Gold

Bats/Throws: ____ Slaps: ____

Primary Position: ____ Secondary Position: ____

2014 Spring/Summer Team: _____

Additional Contact Information:

Parent(s) or Guardian(s): _____

: _____

Home Phone# _____ Cell Phone# _____

Email address: _____