



# T-BALL / BASEBALL

## REGISTRATION FORM

**Leagues:**

- Co-ed Tiny T-Ball (3/4 yrs old)       Co-ed T-Ball (5/6 yrs old)       Coach Pitch (7-/8 yrs old)
- Little League (9-12 yrs old)

**Gender:**  Male     Female

**Participants Information (PLEASE PRINT CLEARLY):**

Participants Name: \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

(Age as of June 1, 2009)

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Uniforms Size:      **Shirt:**    XS    YS    YM    YL    AS    AM    AL    AXL    AXXL

**Pants (Baseball Only):**    XS    YS    YM    YL    AS    AM    AL    AXL    AXXL

**Parent(s) / Guardian Information (PLEASE PRINT CLEARLY):**

Parent's Name (1): \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Parent's Name (2): \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Emergency Contact Information:**

Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

**(PLEASE CIRCLE) Coach / Teammate Request:** \_\_\_\_\_

Please note: The Decatur-DeKalb YMCA will try to honor all requests. Once a team is full, no one else will be added to the team.

**Willing to help out:**    \_\_\_\_\_ **Coach**    \_\_\_\_\_ **Co-Coach**    \_\_\_\_\_ **Team Parent**

Parent-Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only

Receipt # \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_ Balance Due \$ \_\_\_\_\_ Staff Initials \_\_\_\_\_