

Collinsville Baseball

PLAYER REGISTRATION FORM

A SEPARATE FORM MUST BE FILLED OUT FOR EACH SPORT AND CHILD

PLAYER'S INFORMATION

| | | | | | |
|----------------|---------------------------------------|--|--|---|---|
| PLAYER NAME: | | | | | |
| ADDRESS: | CITY: | ST: | ZIP: | | |
| GENDER: | <input type="checkbox"/> MALE | <input type="checkbox"/> FEMALE | | | |
| DATE OF BIRTH: | MONTH: | DAY: | YEAR: | | |
| AGE DIVISION: | <input type="checkbox"/> 6U Tee-Ball | <input type="checkbox"/> 7-8 (Coach Pitch) | <input type="checkbox"/> 9-10 (Player Pitch) | <input type="checkbox"/> 11-12 (Player Pitch) | <input type="checkbox"/> 13-14 (Player Pitch) |
| | <input type="checkbox"/> 7-8 Softball | <input type="checkbox"/> 9-10 Softball | <input type="checkbox"/> 11-12 Softball | <input type="checkbox"/> 13 - 14 Softball | |
| JERSEY SIZE: | <input type="checkbox"/> Yth Small | <input type="checkbox"/> Yth Medium | <input type="checkbox"/> Yth Large | | |
| | <input type="checkbox"/> Adult Small | <input type="checkbox"/> Adult Medium | <input type="checkbox"/> Adult Large | | |

PARENT/GUARDIAN INFORMATION

| |
|-----------------------------|
| FATHER'S NAME: |
| HOME TELEPHONE NUMBER: |
| ALTERNATE TELEPHONE NUMBER: |
| EMAIL ADDRESS: |
| MOTHER'S NAME: |
| HOME TELEPHONE NUMBER: |
| ALTERNATE TELEPHONE NUMBER: |
| EMAIL ADDRESS: |

COACH INFORMATION

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|---|
| PLAYER'S COACH LAST SEASON: |
| (For special requests, please provide a brief explanation on the back of this form. All information will be kept confidential.) |

REGISTRATION FEES

| | |
|----------------------|------|
| TEE-BALL | \$65 |
| 7-8 (COACH PITCH) | \$85 |
| 9-10 (PLAYER PITCH) | \$85 |
| 11-12 (PLAYER PITCH) | \$85 |
| 13-14 (PLAYER PITCH) | \$85 |

Collinsville PARD Use Only Below This Line

PLAYERS FEE: \$ _____

FORM OF PAYMENT: **CASH** _____

CHECK # _____

FORM REVIEWED & RECEIVED BY: _____