SSJ BASEBALL REGISTRATION FORM

Child's Nan	ne:		AGE:		
Address: _					
Phone #:			Alt. Phone #:		
Guardian N	ame 1:		Guardian Name 2:		
Emergency	Contact INFO:				
Name:			Phone #:		
Address:					
Please Circle	e Correct Age Grou	ıp for Child:			
T-Ball (3-5)	Coach Pit	ch (6-9)	Kid Pitch (10-13)		
Please Circle	e Shirt Size of Chile	<u>d:</u>			
Youth:	Small	Medium	Large		
Adult:	Small Me	dium	Large		
Cost \$40 for	8 Weeks				
Please Circle	e Your Payment Ty	pe:			
CASH	CHEQUE				

It is the responsibility of the guardian of the child playing to be present to ensure the safety of all the children playing.

Please Fill out Basic Medical Information on the Backside

Basic Medical Information

Allergies	Yes	No	Regular Medication	Yes	No
:			Heart Condition	Yes	No
Medical Alert	Yes	No	Any Recent Injuries	Yes	No
Asthma	Yes	No	:		
Diabetic	Yes	No	Any Health Issues That M	1ay Interfe	ere With
Epileptic	Yes	No	Playing Baseball?		
Wears Glasses	Yes	No	Yes No		
Shatterproof Lenses	Yes	No	:		
Wears Contacts	Yes	No			
Hearing Issues	Yes	No			
All children must we	ar heln	nets whi	eers will make the safety of the childr tting and running bases, Back Catcher		
All children must we necessary protective			tting and running bases, Back Catcher	rs must we	ear all the
• •			ermission for		to play
		_	absolve the SSJ Arena Staff & Volun		
liability that may be i	ncurre	d in resp	o the above player playing.		
DATE			SIC	SIGNATURE	