



BASEBALL ACADEMY

PLAYER INFORMATION FORM

PLAYER INFORMATION			
Last Name:		First Name:	
Address:		City/State/Zip:	
Player Phone:		Date of Birth/Current Age:	
Current School:		High School Graduation Year:	
Primary Position:		Secondary Position:	
Height:	Weight:	Throws: L R	Bats: L R
Notes/Comments:			

PARENT INFORMATION	
Mother or Guardian	Father or Guardian
Last Name:	Last Name:
First Name:	First Name:
Home Phone:	Home Phone:
Other Phone:	Other Phone:
*E-Mail Address:	*E-Mail Address:

PLEASE HELP US CONSERVE PAPER BY ALLOWING US TO SEND YOU E-MAILS TO KEEP YOU UP TO DATE

ENROLLMENT HISTORY (OFFICE USE ONLY)								
PROGRAM TITLE	SESSION		AMOUNT PAID					
MEMBERSHIP NUMBER:								
MEMBERSHIP RENEWED:	<input type="checkbox"/> 2008	<input type="checkbox"/> 2009	<input type="checkbox"/> 2010	<input type="checkbox"/> 2011	<input type="checkbox"/> 2012	<input type="checkbox"/> 2013	<input type="checkbox"/> 2014	<input type="checkbox"/> 2015

*****MEDICAL WAIVER MUST BE SIGNED BEFORE PARTICIPATION*****