

Storm Baseball Academy Registration Form

Website : www.stormsportsacademy.com

WE RESERVE THE RIGHT TO REQUEST
A CERTIFIED BIRTH CERTIFICATE

Tryout Number:

Player's Name _____

Birth Date _____ Age as of 4/30/18 _____ Returning Storm Player _____

Street _____

City _____ State _____ Zip _____

School _____ H.S. Graduation year _____

Position 1 _____ Position 2 _____ Height _____ Weight _____

BATS: R L S THROWS: R L S

Circle one choice for each:

Adult Shirt Size: S M L XL Flex Fit Hats Size: S/M or L/XL

Parent Contact Information (Please print clearly)

Parent's Names _____

Parent's Email _____

Home # _____ Cell # _____

Has any medical awareness needs? Yes _____ No _____

If yes, please explain: _____

Notes: _____

For Office Use Only:

Birth Cert	Ins Form	C of Cond	Dep	Final Pay	Team	#