

STOW YOUTH BASEBALL REGISTRATION FORM

Player Name: _____
Male or Female: _____
Birthdate: _____
Street Address: _____
City: _____
Zip: _____
Primary Phone Number: _____
Secondary or Cell Number: _____
League or Team Last year: _____
Health Concerns of Player: _____
School attending: _____
Other sports played during season: _____

LEAGUE
____ Tee Ball (4/5 year old) (circle session 1 or 2 or 3)
____ Coach Pitch (5/6 year old) (circle session 1 or 2 or 3)
____ H Gold (7-8 year old)
____ H Maroon (9-10 year old)
____ G (11-12 year old)
____ F (13-14 year old)
____ E (15-18 year old)
____ Travel team (circle): 10U 11U 12U 13U 14U
** Age is determined on May 31 of this year **

Shirt Size (circle one): YXS YS YM YL AS AM AL AXL
Pants Size (circle one): YS YM YL YXL AS AM AL AXL

I would like to help manage a team (circle): YES or NO
I would like to help coach a team (circle): YES or NO

I would like to volunteer to help with (circle): FIELDS BINGO NIGHT at RACES UMPIRE BOARD

I, the parent or legal guardian of the above registrant, hereby give my consent for his/her participation and all activities sponsored and supervised by the Stow Youth Baseball League, Inc. for this season. I will not hold the League responsible for any injuries or property damage which might occur. I will return a clean uniform and any other issued equipment to the Team Manager at the end of the season or will pay the League its replacement cost.

Date of registration: _____ Parent/Guardian Signature: _____
Parent E-mail Address: _____

League representative to fill out information below:

League Representative: _____
Birth certificate: (circle) ON FILE or CHECKED TODAY
Registration fee received: \$ _____ CASH or CHECK