

# MCBR/USSSA

## Registration Form

Please attach Birth Certificate to form

<hr/> <i>TEAM</i>	
<i>(circle one)</i>	returning player new player

League Information: (circle one) 10U Minors 12U Majors 13 Prep 14-15 Juniors 16-19 Seniors

All schedules and league information are located on our league web site:  
Please return form to manager of the team

[www.mcbaberuth.com](http://www.mcbaberuth.com)

### *Player Information:*

Last Name _____	First _____	MI _____
Address _____		Apt. Number _____
City _____	Zip Code _____	
Phone Number _____	Birth Date _____	
School _____	Grade _____	
Shirt Size _____		
E-mail Address _____		

### *Parent Information:*

Father's Last Name _____	First _____
Phone Number _____	2 <sup>nd</sup> Number _____
Mother's Last Name _____	First _____
Phone Number _____	2 <sup>nd</sup> Number _____

*To player and parent:* I hereby approve the registration of my child to participate in MCBR/USSSA baseball program. I understand and agree that neither MCBR/USSSA, its' officers, coaches or other agents, or any townships or School Districts will be held responsible for any and all injuries. I also agree to show and support good sportsmanship and abide by the rules of MCBR/USSSA.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Player's Signature \_\_\_\_\_ Date \_\_\_\_\_