BASEBALL REGISTRATION / PLAYER INFORMATION

Child's Full Name:	Date of Birth: / /	Age:

Gender: ☐ Male ☐ Female ☐ Other	Address:

City:	State:	Zip:

School:	Grade	T-Shirt/Jersey Size:

Baseball Experience: ☐ Beginner ☐ Some Experience ☐ Experienced	Previous Team/League (if applicable):

PARENT/GUARDIAN INFORMATION

Parent's/Guardian's Name:		
Relationship to Child:	Primary Phone:	Secondary Phone:
Email Address:		

EMERGENCY CONTACT

Name:		
Relationship to Child:	Primary Phone:	Secondary Phone:

HEALTH & SAFETY INFORMATION

Does your child have any allergies? ☐ No ☐ Yes If yes, please explain: _____

_____

Health Insurance Provider (optional) _____

☐ Baseball Fundamentals ☐ Hitting & Batting ☐ Throwing & Catching ☐ Fielding ☐ Base Running
☐ Teamwork & Sportsmanship ☐ Fitness & Skill Development

PARENT/GUARDIAN AUTHORIZATION

I, the parent/legal guardian of the participant listed above, give permission for my child to participate in the **Yonkers PAL Baseball Program**.

I understand that baseball and athletic activities involve inherent risks of injury. I understand that my child is expected to follow the rules and instructions of Yonkers PAL staff and coaches.

I certify that the information provided on this registration form is accurate and complete to the best of my knowledge.

Parent/Guardian Signature: _____ **Date:** _____

FOR PAL OFFICE USE ONLY

Date Received:	**Group:** ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6	**Registration Complete:** ☐ Yes ☐ No	**Staff Initials:**

Notes: _____

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