

# SOUTHAMPTON BASEBALL 2018 REGISTRATION FORM



(Please Print)

Today's date:	Interested in Tryouts for Travel Baseball:					
PLAYER INFORMATION						
Player's Name - Last	First	M	Birth date:	Age:	Bat	Throw
Street address:			Cell phone # (    )	Home phone #: (    )		
P.O. box:	City:	State:	ZIP Code:			
School:		Grade:				
Email:						

PARENT/GUARDIAN INFORMATION AND PLAYER MEDICAL INFORMATION			
1st P/G Last Name:	First	2 <sup>nd</sup> P/G Last Name	First
Is this player covered by insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Medical Insurance Company:
Medical Insurance Group #	Policy #		
Doctor's Name:	Doctor's Phone #:	Preferred Hospital:	
Allergies, Health Conditions, Special Needs That Southampton Baseball Needs to Be Aware Of:			

REGISTRATION FEE			
League/Group Registering For:	Registration Fee:	Paid:	Payment Method:
<i>Cal Ripken Baseball Brackets</i>  Quick Ball (Ages 4-6)    \$75 Rookie Ball (Ages 7 & 8)    \$ 100 Minors Ball (Ages 9 & 10)    \$125 Majors Ball (Ages 11 & 12)    \$ 125	<i>Baseball Ages 13 and older</i>  Inter Township League (ITL Ages 13 - 15)    \$ 200 Inter Township League (ITL Ages 16 - 18)    \$ 200 Connie Mack (Ages 13 - 15)    \$ 300 American Legion (Prep, Junior, Senior 13-19)    \$ 400		

IN CASE OF EMERGENCY			
Name of local friend or relative (not living at same address):	Relationship to player:	Home phone no.: (    )	Work phone no.: (    )
_____ <i>Patient/Guardian signature</i>		_____ <i>Date</i>	