

BOYS & GIRLS CLUB OF BETHALTO - _____ BASEBALL/SOFTBALL/T-BALL REGISTRATION
PLEASE PRINT & FULLY COMPLETE

NAME _____ Male _____ Female _____
 ADDRESS _____ CITY _____
 DATE OF BIRTH ___/___/___ SCHOOL _____ GRADE _____
 PARENTS EMAIL _____ PHONE _____
 Parent/Guardian Name _____ Will you coach a team? Y or N

<u>Player's Shirt Size</u>				
Youth	YS	YM	YL	
Adult	AS	AM	AL	AXL

** I, the parent or legal guardian of above-named minor, do hereby consent and agree that the child may participate in this program. It is agreed that the Boys and Girls Club of Bethalto, staff, and volunteers assume no legal liability for injuries or other loss as a result of such participation.

Played for the Club last year: Yes / No Last Year's Team _____
 *Request _____
 **Parent/Guardian Signature _____
 * Request of team/coach/player does not guarantee placement. ** Please read waiver before signing.

FOR OFFICE ONLY	
Date: _____	Membership: _____
Program: Baseball Softball Tee Ball Tee Ball Clinic	Program Fee: _____
Age (as of Sept 1 st of current year): _____	Fundraising: Candles: Full Half Candy: Full Half
Male _____ Female _____	

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