

BOYS & GIRLS CLUB OF BETHALTO - _____ BASEBALL/SOFTBALL/T-BALL REGISTRATION

PLEASE PRINT

NAME _____ Male _____ Female _____

ADDRESS _____ CITY _____

DATE OF BIRTH ____/____/____ SCHOOL _____ GRADE _____

PARENTS EMAIL _____ PHONE _____

Parent/Guardian Name _____ Will you coach a team? Y or N

Player's Shirt Size

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 Last Year: Yes / No Last Years 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 1st of current year): _____ Fundraising: Candles: Full Half Candy: Full Half

Male _____ Female _____

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