

**MADISON HEIGHTS YOUTH BASEBALL ASSOCIATION
2024 SEASON CONTRACT**

PLAYERS NAME _____
FIRST NAME FULL MIDDLE NAME LAST NAME

PLAYERS ADDRESS _____
STREET _____
_____ CITY _____ ZIP CODE _____

PLAYERS DATE OF BIRTH ____/____/____ PLAYERS "CURRENT" AGE ____

HOME PHONE # FATHER'S CELL # MOTHER'S CELL #

Did you play in the MHYBA **SPRING** program last year? ___YES ___NO
If yes, what team? _____

Do you have a brother or sister playing in the MHYBA program this year? ___YES ___NO
If yes, players name(s) _____ Date of Birth _____
_____ Date of Birth _____

I agree that all above information is correct.

Parent / Guardian **Signature** Parent / Guardian **Printed** Name

Today's Date: -----/-----/ 2024

**Do not write below this line.
To be completed by league official.**

LEAGUE AGE _____ AMOUNT OF REGISTRATION FEE PAID _____
REGISTRATION FEE ACCEPTED BY _____

LEAGUE AGE IS DEFINED BY THE AGE OF THE PARTICIPANT AT 12:00 MIDNIGHT ON APRIL 30th