

Florida Tri County Challenged Athletes Association Baseball

Registration Form

Name: _____

Address: _____

Circle: Female Male Date of Birth: _____ Age : _____

Two good contact numbers: _____

Circle which Team you were on last year: Cubs Tigers Astros Pirates Angels Brewers Phillies
White Sox

New Player circle what size you need: Adult sizes: Shirt: S M L XL XXL XXXL

Pants: S M L XL XXL XXXL

Circle if you have Insurance: Yes or No If yes what kind _____

Have a consent form from your Doctor Circle: Yes or No

If you have ever been convicted of a felony or have any kind of criminal record please indicate

Circle Yes or No and provide the information in the below provided space

Depending on the nature of the incident your application may be placed under review and depending on the outcome and background check you may not be able to participate in our organization.

Registration Free of \$25.00 Paid Yes or No

Parents and Caregivers you are responsible for the player or players you brought to the field and awards.

You can not leave the premises. Please put your Name here so we know that you read this

If you are unable to come to a game you must let your coach know in advance. Thank you.

Player Signature

Parent or Caregiver Signature