Florida Tri- County Challenged Athletes Association

2027 Baseball Registration Form

Type of payment

Check: _____

Cash: _____

Credit Card:_____

Name: _____

Address: _____

City_____ State_____ Zip Code_____

Contact person: _____ Cell Phone: _____

Contact Person Home Phone: _____ Other contact number Cell Phone: _____

Date of Birth: _____ Age_____ Male_____ Or Female_____

Email Address: _____

New Players:_____ Returning Player_____ Shirt Size:_____ Pants Size:_____

Returning Player Team, you were on: Please Circle the team: [Patriots] Rays [Buccaneers] Pirates [Chargers] White Sox [Packers] Marlins [Giants] Twins [Broncos] Red Sox [Jaguars] Tigers [Lions] Athletics

Doctors release form to play Yes_____ No_____

Do you need an assistant yes_____ No_____

Do you have insurance yes____ _____ No_____

Have had a criminal background Yes____ or No _____- If so see Kathy Samson

Signature of player must be 18 years old to sign or parent/caregiver:

_____