

Florida Tri- County Challenged Athletes Association

2027 Baseball Registration Form

Type of payment

Check: _____

Cash: _____

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: _____

Player Only Shirt Size: _____ Pant 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:
