MADISON HEIGHTS YOUTH BASEBALL ASSOCIATION
2026 FALL BALL PLAYER PARTICIPATION CONTRACT

PLAYERS NAME ____________________ ____________________ ____________________
FIRST NAME **FULL MIDDLE NAME** **LAST NAME**

PLAYERS ADDRESS ____
STREET

____
CITY STATE ZIP CODE

PLAYERS DATE OF BIRTH _____/_____/______ PLAYERS CURRENT AGE ____

______________________________ ____________________________________
MOTHER'S CELL # FATHER'S CELL #

Did you play 2026 Spring Baseball in Madison Heights? _____YES _____NO

If Yes, What Team: ____

Do you have a brother or sister playing Fall Ball? ____YES ____NO

If yes, players name(s)__________________________ & ______________________________

__________________________________ ______________________________________
Parent / Guardian **Signature** Parent / Guardian **Printed Name**

Date: ____/____ 2026

PLEASE DO NOT WRITE BELOW THIS LINE.

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LEAGUE AGE _________ AMOUNT OF REGISTRATION FEE PAID ___________

REGISTRATION FEE COLLECTED BY: _____________________ Date ____/____/26

Player Shirt Size:______________ Player Hat Size:___________