## MADISON HEIGHTS YOUTH BASEBALL ASSOCIATION INC. 2021 SEASON CONTRACT

PLAYERS NAME		
FIRST NAME	FULL MIDDLE NAME	LAST NAME
PLAYERS ADDRESS		
STREET		
CITY		TATE ZIP CODE
PLAYERS DATE OF BIRTH/	/ PLAYERS	CURRENT AGE
HOME PHONE # FATHER'S WORK	or CELL # MO	THER'S WORK or CELL #
Email Address (PLEASE PRINT)		
Do you have a brother or sister playing in the	MHYBA program this ye	ear?YESNO
f yes, players name(s) Date of Birth		Date of Birth
		Date of Birth
I agree that all above information is correct	ct.	
Parent / Guardian <b>Signature</b>	 Parent / Guardian <b>F</b>	Printed Name
•		
Todays Date/2021		
<b>.</b>		
To be complet	te below this line. red by league official.	
LEAGUE AGE AMOUNT O	F REGISTRATION FE	E PAID
REGISTRATION FEE ACCEPT	EDBY	

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