

**MADISON HEIGHTS YOUTH BASEBALL ASSOCIATION  
2025 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 2025 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: \_\_\_\_/\_\_\_\_/2025

**PLEASE DO NOT WRITE BELOW THIS LINE.**

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LEAGUE AGE \_\_\_\_\_ AMOUNT OF REGISTRATION FEE PAID \_\_\_\_\_

REGISTRATION FEE COLLECTED BY: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/25

Player Shirt Size: \_\_\_\_\_ Player Hat Size: \_\_\_\_\_