MADISON HEIGHTS YOUTH BASEBALL ASSOCIATION
2025 SEASON CONTRACT

PLAYERS NAME _____ _____ _____
FIRST NAME **FULL MIDDLE NAME** **LAST NAME**

PLAYERS ADDRESS _____
STREET

_____ _____
CITY ZIP CODE

PLAYERS DATE OF BIRTH _____/_____/_____ PLAYERS "**CURRENT"** AGE ____

Mothers Name _____ _____
Please Print Mothers Cell #

Fathers Name _____ _____
Please Print Father's Cell #

Did this player, play in the MHYBA **SPRING** program last year? ____YES ____NO

If yes, what team? _____

Do you have another child playing in the MHYBA program this year? _____YES _____NO

If yes, players name(s)_____ Date of Birth_____

_____ Date of Birth_____

I agree that all above information is correct.

_____ _____
Parent / Guardian **Signature** Parent / Guardian **Printed** Name

Today's Date: -------/----------/ 2025

Do not write below this line.
To be completed by league official.

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