

PADRES BASEBALL ORGANIZATION

Registration Form



2023 - 2024 Padres Baseball Organization Inc.

Registration Form

Player's Name: _____

DOB: __/__/____ Age: ____

Address: _____

City/Zip: _____

School name: _____

Entering grade level: _____

Bats: Right / Left Throws: Right / Left Position(s):

Parent/Guardian name: _____

Parent/Guardian email: _____

Parent/Guardian cell phone: _____

Relationship to player: _____

In case of emergency contact:

_____ **Relationship to player:**
_____ **Phone:** _____

_____ **Relationship to player:**
_____ **Phone:** _____

Special concerns (allergies, medications, medical concerns, etc):

