

**SOUTH RANGE BASEBALL ASSOCIATION
BASEBALL, SOFTBALL, & T-BALL
2022 REGISTRATION FORM**

Registration form to be filled out on the day of registration

Child's Information	Division of Play _____	Uniform Size _____	Jersey Number 1 st choice _____	Jersey Number 2 nd choice _____
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** A copy of the child's birth certificate must be available upon request **

First Name _____ Last Name _____

Birth Date _____ Gender _____ Grade _____ Attends School at S. Range (Y/N) _____

Township of Residency (ex. Beaver, Green, etc) _____

School District of Residency (ex. South Range, Salem, etc) _____

How many years of experience does this child have playing ball? _____ Throws (Right/Left) _____

Request consideration to play up in next age group? (Y/N) _____ Bats (Right/Left/Switch) _____

Does this child have any experience pitching? (Y/N) _____ Experience catching? (Y/N) _____

Medical Conditions / Allergies _____

Emergency Contact Name _____ Emergency Contact Phone _____

* For additional children, please use the back of this form

Primary Guardian's Information

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Mobile Phone _____

Email Address _____

Preferred Method of Communication Email _____ Text _____

Secondary Gaurdian's Information

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Mobile Phone _____

Email Address _____

Preferred Method of Communication Email _____ Text _____

Child 2's Information

Division of Play _____ Uniform Size _____ Jersey Number 1st choice _____ Jersey Number 2nd choice _____

** A copy of the child's birth certificate must be available upon request **

First Name _____ Last Name _____
Birth Date _____ Gender _____ Grade _____ Attends School at S. Range (Y/N) _____
Township of Residency (ex. Beaver, Green, etc) _____
School District of Residency (ex. South Range, Salem, etc) _____
How many years of experience does this child have playing ball? _____ Throws (Right/Left) _____
Request consideration to play up in next age group? (Y/N) _____ Bats (Right/Left/Switch) _____
Does this child have any experience pitching? (Y/N) _____ Experience catching? (Y/N) _____
Medical Conditions / Allergies _____
Emergency Contact Name _____ Emergency Contact Phone _____

Child 3's Information

Division of Play _____ Uniform Size _____ Jersey Number 1st choice _____ Jersey Number 2nd choice _____

** A copy of the child's birth certificate must be available upon request **

First Name _____ Last Name _____
Birth Date _____ Gender _____ Grade _____ Attends School at S. Range (Y/N) _____
Township of Residency (ex. Beaver, Green, etc) _____
School District of Residency (ex. South Range, Salem, etc) _____
How many years of experience does this child have playing ball? _____ Throws (Right/Left) _____
Request consideration to play up in next age group? (Y/N) _____ Bats (Right/Left/Switch) _____
Does this child have any experience pitching? (Y/N) _____ Experience catching? (Y/N) _____
Medical Conditions / Allergies _____
Emergency Contact Name _____ Emergency Contact Phone _____

Child 4's Information

Division of Play _____ Uniform Size _____ Jersey Number 1st choice _____ Jersey Number 2nd choice _____

** A copy of the child's birth certificate must be available upon request **

First Name _____ Last Name _____
Birth Date _____ Gender _____ Grade _____ Attends School at S. Range (Y/N) _____
Township of Residency (ex. Beaver, Green, etc) _____
School District of Residency (ex. South Range, Salem, etc) _____
How many years of experience does this child have playing ball? _____ Throws (Right/Left) _____
Request consideration to play up in next age group? (Y/N) _____ Bats (Right/Left/Switch) _____
Does this child have any experience pitching? (Y/N) _____ Experience catching? (Y/N) _____
Medical Conditions / Allergies _____
Emergency Contact Name _____ Emergency Contact Phone _____