## SOUTH RANGE BASEBALL ASSOCIATION BASEBALL, SOFTBALL, & T-BALL 2023 REGISTRATION FORM

Re	egistration form to	be filled out on the d	ay of registration		
			Jersery	Jersey	
Child's Information	Division	Uniform	Number 1 <sup>st</sup>	Number 2 <sup>nd</sup>	
	of Play	Size	choice	choice	
** А сору	of the child's birth	n certificate must be a	vailable upon req	uest **	
First Name		Last Name			
Birth Date	Gender	Grade	Attends Schoo	ol at S. Range (Y/ <u>N)</u>	
Township of Residency (ex.	Beaver, Green, etc	c)			
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 / Allergi	ies				
Emergency Contact Name			Emergency Contact Phone		
*	Lor additional shill	dran plaase use the b	and of this form		

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

## Primary Guardian's Information

First Name	Last Name		
Address			
CityStat			
Home Phone	Mobile Phone		
Email Adress			
Preferred Method of Communication	Email Text		
Secondary Gaurdian's Info	rmation		
First Name	Last Name		
Address			
CityStat			
Home Phone	Mobile Phone		
Email Adress			
Preferred Method of Communication	Email Text		

Child 2's Information	Division	Uniform	Jersery Number 1 <sup>st</sup>	Jersey Number 2 <sup>nd</sup>
** ^	of Play	Size	choice	choice
А сору	of the child's birth	h certificate must be a	available upon requ	Jest
First Name		Last Name		
Birth Date	Gender	Grade	Attends School at S. Range (Y/N)	
Township of Residency (ex.	Beaver, Green, et	.c)		
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 / Allergie	es			
Emergency Contact Name	Contact Name Emergency Contact Phone		none	
			Jersery	Jersey
Child 3's Information	Division	Uniform	Number 1 <sup>st</sup>	Number 2 <sup>nd</sup>
	of Play	Size	choice	choice
** A copy	of the child's birt	h certificate must be a	available upon requ	uest **
First Name		Last Name		
Birth Date	Gender	Grade	Attends School at S. Range (Y/N)	
Township of Residency (ex.	Beaver, Green, et	.c)		
School District of Residency	(ex. South Range	, Salem, etc)		
How many years of experier	nce does this child	d have playing ball?	Throws (Right/Left)	
Request consideration to pla	ay up in next age	group? (Y/N)	Bats (Right/Left/Switch)	
Does this child have any exp	erience pitching?	? (Y/N)	Experience catching? (Y/N)	
Medical Conditions / Allergie	es			
Emergency Contact Name		Eme	ergency Contact Phone	
			lesses.	la
Child 4's Information	Division	Uniform	Jersery Number 1 <sup>st</sup>	Jersey Number 2 <sup>nd</sup>
	of Play	Size	choice	choice
** A copv	· · · · · · · · · · · · · · · · · · ·	h certificate must be a	available upon requ	uest **
First Name		Last Name		
irth Date Gender Grade		Attends School at S. Range (Y/N)		
Township of Residency (ex.	Beaver, Green, et	.c)		
School District of Residency	(ex. South Range	, Salem, etc)		
How many years of experience does this child have playing ball? Throws (Right/			ows (Right/Left)	
Request consideration to play up in next age group? (Y/N)			Bats (Right/Left/Switch)	
Does this child have any exp	erience pitching?	? (Y/N)	Experience	catching? (Y/N)
Medical Conditions / Allergie	es			
Emergency Contact Name		Eme	ergency Contact Pl	none