



Georgia Elite Baseball

PLAYER REGISTRATION & INFORMATION FORM

Player Information:

First Name: _____ Last Name: _____ Gender: M or F
Address: _____ City: _____
State: _____ Zip Code: _____
Date of Birth: _____ (mm/dd/yyyy) Grade: _____ *League Age as of 5/1/2019 _____

Parent/Guardian/Emergency Information:

Parent/Guardian #1: First Name: _____ Last Name: _____
Address: _____ City: _____
State: _____ Zip Code: _____
Phone (Mobile): (_____) _____ Phone (Other: _____): (_____) _____
Email: _____ Occupation: _____

Parent/Guardian #2: First Name: _____ Last Name: _____
Address: _____ City: _____
State: _____ Zip Code: _____
Phone (Mobile): (_____) _____ Phone (Other: _____): (_____) _____
Email: _____ Occupation: _____

Emergency Contact: First Name: _____ Last Name: _____
Address: _____ City: _____
State: _____ Zip Code: _____
Phone (Mobile): (_____) _____ Phone (Other: _____): (_____) _____

Acknowledgement and Consent:

Do your player have any Health Concerns? Yes / No If yes, _____

I hereby give permission for emergency medical treatment in case of injury. Yes / No

I understand that players need the collective support and volunteering efforts from each parent/guardian.

Therefore, I will make every effort to **volunteer** and attend both **practices** and **games**. Yes / No

I have reviewed with my child the Georgia Elite Baseball Academy Code of Conduct Policy. Yes / No

I have read the Georgia Elite Baseball Academy Player, Parent and Coach Commitment forms, and understand the commitment required. Barring illness or family emergency my child will make every effort to attend every practice and game. Yes / No

Parent / Guardian Signature: _____ **Date:** _____