



PLAYER REGISTRATION

Player Information

Player First and Last Name _____

Player Birthday (month/day/year) _____

Player Age _____ League Age _____

Player Address _____
Street, City, Zip Code

Email Address _____

Phone Number _____

Parent/Guardian Name _____

Player Division

- | | |
|----------------|----------------|
| T Ball Machine | CP Softball |
| Pitch Baseball | Minor Softball |
| Minor Baseball | Major Softball |
| Major Baseball | Jr/Sr Softball |
| Jr/Sr Baseball | |

Player Jersey Size

YS YM YL AS AM AL AXL Other _____

Siblings _____

Medical Information that the coach should be aware of

Emergency Contact Name and Phone Number

Please Initial after you have read:

_____ I understand that: that SLL is a volunteer organization, and we rely on volunteers to operate everything. The Concession Stand is an important convenience for participants, their families, and guests, as well as an important source of revenue for the league. This revenue allows us to keep our operating costs low and registration fees reasonable. Accordingly, each team will be assigned and required to work 2-3 shifts at the Concession Stand during the season. Each family is to work a shift or two to help their team

**No Refunds after Player Evaluations*

**Registrations Fees must be paid in full to get uniform*

Volunteer Opportunities

_____ Team Manager

_____ Sponsorships

_____ Assistan Coach

_____ Fundraising

_____ Grounds

_____ Concessions

Parent Signature _____ Date _____

To be filled out by Board Member on Duty

Division Amount _____

Discount _____

Raffle Ticket # _____ Signature of Receiving Tickets _____

Total Amount Due _____

Total Paid _____

(CASH CHECK # _____ CARD)

Amount Owed _____

Reciept Number _____

Board Member Signature _____

Date _____