Additional Player(s) Registration Form

PRIMARY ACCOUNT HOLDER'S NAME

First:	Last:

ADDITIONAL PLAYER:

Legal First Name	Legal Last Name	Gender M/F
Date Of Birth MM/DD/YYYY	**T-Ball, Baseball or Softball**	**League Age**
Email	**Cell Phone**	**Same Address as primary** Y / N

Address if different from Primary Account holder

School Player Attends	Circle Jersey Size:
	YS YM YL YXL AS AM AL AXL
Coach Request (not guaranteed)	**Special Requests/Comments**
Allergies *	**Does your child play in any other youth baseball or softball programs (e.g. leagues, travel ball, tournaments, etc? Y / N**

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