

Town of Theresa Youth Baseball Registration

Player's Name: _____

Date of Birth: _____ Age: _____

Medical Information:

Please list any allergies, medications, or special conditions:

Parent/Guardian Information:

Name: _____ Relation: _____

Address: _____

Phone Number: _____

Name: _____ Relation: _____

Address: _____

Phone Number: _____

Emergency Contact:

(Used only if parents are unavailable)

Name: _____ Phone Number: _____

I, _____, the parent/guardian of _____, give permission for my child to participate in the Town of Theresa Youth Baseball Program. All information I have provided is accurate. I will not hold the Town of Theresa Youth Baseball Program or any of its volunteers liable for any injuries that may occur.

Signature: _____ Date: _____