

CIRCLE: 5/6 YEAR OLD 7/8 YEAR OLD 9/10 YEAR OLD 11/12 YEAR OLD
ONE (YELLOW) (RED) (BLUE) (GREEN)

Laurel-Jones County Dixie Youth Baseball 2010

FIRST NAME MIDDLE NAME LAST NAME

DATE OF BIRTH: _____ AGE CHILD WILL BE ON 4/30/10: _____

SCHOOL: _____ GRADE: _____ COUNTY OF RESIDENCE: _____

TEAM YOU WERE ON LAST YEAR: _____

COACH NAME(S): _____

PLAYER LIVES WITH: _____ (FATHER, MOTHER, BOTH, GUARDIAN)
CIRCLE ONE

FATHER'S INFORMATION:

NAME: _____ OCCUPATION/EMPLOYMENT: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____ CELL NUMBER _____

MOTHERS INFORMATION:

NAME: _____ OCCUPATION/EMPLOYMENT: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____ CELL NUMBER: _____

LIST ANY MEDICAL HISTORY/CONDITION YOU THINK THE COACH SHOULD KNOW ABOUT: _____

SHIRT SIZE: _____
PANT SIZE: _____
HAT SIZE: _____

PARENT/GUARDIAN SIGNATURE: _____

OFFICIAL USE ONLY:

FEE PAID: CASH: _____ CHECK: _____ BIRTH CERTIFICATE: _____

LEAGUE: _____