



Tee-Ball Baseball

Athlete's Name: _____
(print clearly)

Address: _____

City: _____ Zip: _____

Phone: _____ Grade: _____

Birthday: ____ / ____ / ____

Email: _____

Team played for last year: _____

Boy Girl
(circle one)

Parent/Guardian Consent

I hereby grant my child permission to play the sport of Tee-Ball baseball for this season and do not hold Area Youth Sports or any of its officers, directors, or sponsors of teams or any patron of this league responsible for any injury received by my child in said program.

Parent/Guardian: _____
(print clearly)

Signed: _____ Date ____/____/____

Shirt size: YS YM YL AS AM AL AXL AXXL
(circle one)

Players fee: \$20/child Paid: YES NO