2015 Ecorse Recreation Baseball

SECTION 1: PLAYER INFORMATION

DIVISION (Circle One): T-BALL 5-6 COACHES PITCH 7-9 JUNIORS 10-12 Travel/Tournament 12-16

Players Name: _____

Gender (Circle One): Male Female Date of Birth:_____

Age: _____

School: _____ Grade:_____

Health Condition/Prescription MEDs: _____

Section 2: Primary Parent/Guardian Information

PARENT/GUARDIAN NAME: _____

RELATIONSHIP TO PLAYER: Father Mother Legal Guardian

Home Phone: _____ Work Phone: _____

Other Phone: _____ E-Mail: _____

Address: _____ Zip Code: _____

SECTION 3: Alternative Contact

CONTACT's NAME: _____

RELATIONSHIP TO PLAYER: _____

CALL EMERGENCY CONTACT BEFORE CALLING SECONDARY PARENT OR GUARDIAN

Official use only: Date: _____ Received By: _____ Birth Certificate: _____

Form Of Payment: _____ Amount Paid: _____

Joe Passalacqua, Ecorse Recreation Director 313-551-1574