



# Lefty Grove Baseball League

## Registration Form

**Player Information** Must provide the league with proof of player birthdate (birth certificate, ID, school or medical document)

Last Name:

First Name:

M.I.:

Birth Date:

Age (as of April 30<sup>th</sup>):

School District:

Player Division:  8U (7-8)  10U (9-10)  12U (11-12)  14U (13-14)  17U (15-16-17)

Shirt Size:  Youth-S  Youth-M  Youth-L  Adult-S  Adult-M  Adult-L  A-XL

Did this player play on a Lefty Grove team last year?  Yes  No If yes, what team?

Does this player have a sibling playing this year?  Yes  No If yes, Name/Age?

### **Parent/Guardian Information**

Father/Guardian Name:  Primary Contact

Address:

City:

State:

Zip:

Home Phone:

Cell Phone:

Work Phone:

E-Mail Address:

Mother/Guardian Name:  Primary Contact

Address:

City:

State:

Zip:

Home Phone:

Cell Phone:

Work Phone:

E-Mail Address:

Player Fees:  8U - \$60  10U - \$60  12U - \$60  14U - \$60  17U - \$75