

Paid by: ( ) Cash  
( ) Check  
# \_\_\_\_\_

**2006 CAYB FALL BASEBALL**  
**PLAYER REGISTRATION**

Player's name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ Boy or Girl

Birthdate: \_\_\_\_\_ Age as of July 31, 2007: \_\_\_\_\_

Email address: \_\_\_\_\_

Father's name: \_\_\_\_\_ Mother's name: \_\_\_\_\_

Father's cell #: \_\_\_\_\_ Mother's cell #: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone numbers: \_\_\_\_\_

**Information for the coach:**

Has player played baseball before? \_\_\_\_\_ Where? \_\_\_\_\_

How long? \_\_\_\_\_ Positions played: \_\_\_\_\_

Player's t-shirt size: \_\_\_\_\_

**\*\*COMPLETE MEDICAL RELEASE ON THE BACK\*\***