

Marseilles Athletic Club Baseball Registration

PAID: YES / NO	INITIALS: _____	BIRTH CERT: YES / NO
CHECK #: _____	CASH: _____	SHIRT SIZE: XS / S / M / L / XL

NAME: _____

DATE OF BIRTH: _____

GENDER: M / F

PARENTS NAME: _____

PHONE: _____

EMAIL: _____

ADDRESS: _____

CITY: _____

EMERGENCY CONTACTS

#1 - **NAME:** _____

PHONE: _____

RELATIONSHIP: _____

#2 - **NAME:** _____

PHONE: _____

RELATIONSHIP: _____

MEDICAL CONDITIONS: _____

ALLERGIES: _____

INSURANCE: _____ **POLICY #:** _____

PARENTS SIGNATURE: _____ **DATE:** _____