

**Blacksburg Baseball Association
2010 Middle School Baseball**

Please complete this form and attach a check payable to the "Blacksburg Baseball Association." Must be received by Coach Sowers **before your child can tryout.**

Player's Name (please print neatly): _____

Date of Birth: _____ Current Age: _____ Current Grade: _____

Address: _____

Home Phone (where the child resides): _____

Parent / Guardian's Name: _____

Parent / Guardian's Address: _____

Parent / Guardian's Evening Phone: _____

Parent / Guardian's Daytime Phone: _____

Parent / Guardian's Cell Phone: _____

Parent / Guardian's E-mail address: _____

2nd Parent / Guardian's Name _____

2nd Parent / Guardian's Address: _____

2nd Parent / Guardian's Evening Phone: _____

2nd Parent / Guardian's Daytime Phone: _____

2nd Parent / Guardian's Cell Phone: _____

2nd Parent / Guardian's E-mail Address: _____

Additional Emergency Contact: _____

Additional Emergency Contact Phone: _____

Uniform Jersey Size (circle): Adult Small Adult Medium Adult Large Adult XL

If you would like to financially sponsor part of the league (advertising, uniforms, etc.), or make an individual donation, please indicate here and we will contact you: _____

THE FOLLOWING TWO ITEMS MUST BE SIGNED OR YOUR CHILD CANNOT PARTICIPATE:

In the event that I am not present, I hereby give permission to my assigned coaches to seek medical care for my child.

Signature: _____ Date: _____

I hereby accept all risk and responsibility associated with participation on this team.

Signature: _____ Date: _____