

Player Registration Form

Apple Valley Baseball

Player Information (use your full legal name)

First Name: _____

Middle Initial: _____

Last Name: _____

Home Address: _____

Apt/Unit #: _____

City: _____

State: *Washington*

Zip Code: _____

Home Phone: _____

Cell Phone: _____

E-mail Address: _____

Birth Date: _____

What High School did you attend: _____

What year did you graduate: _____

Height: _____

Weight: _____

Bats: right left switch

Throws: right left both

Do you pitch: RHP LHP No

Primary Position: _____

Secondary Position: _____

Player Registration Form (Continued)

Team Information

Did you play American Legion last year? Yes No

What team will you try out for? Packers Blues Reds

Parent/Guardian Information

First Name: _____

Last Name: _____

Relationship to Player: _____

Address: _____

Apt/Unit #: _____

City: _____

State: _____

Zip Code: _____

Guardian's Home Phone: _____

Guardian's Cell Phone: _____

Guardian's E-mail Address: _____

Primary Emergency Contact Information:

Is the Player covered by medical insurance? Yes No

Family Physician: _____

Physician's Phone Number: _____

Emergency Contact Person: _____

Phone Number: _____