Ashland T-Ball Registration Form (One Card per Child)

DATES: June 7, 14, 21, 28.

9am-10am

Name of Child: _____ DOB: _____ Age_____

Sex: M / F Shirt Size: _____

Mailing Address: _____

Town: _____ Zip: _____

Emergency Information

Legal Guardian's Name: _____

Day Phone: _____

Mother's Name: _____

Cell /Home / Work: _____/_____/_____ Email:_____

Father's Name: _____

Cell /Home /Work:_____/_____/_____Email:_____

Doctor's Name: _____ Phone: _____

Medications:

_____

Allergies (include food):

_____

Any other information that may help us better meet your child's needs:

_____

Interest in coaching (circle): YES NO Available for other needs YES NO

interested in Sponsoring (circle): YES NO

** AN ADULT MUST STAY AT THE FIELD**