



## **FALL BALL 2016 REGISTRATION**

CHILD'S FIRST & LAST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CHILD'S SHIRT SIZE: \_\_\_\_\_

BIRTH DATE : \_\_\_\_\_ AGE ON 8/31/2017: \_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_

PRIMARY EMAIL: \_\_\_\_\_

FATHER'S FULL NAME: \_\_\_\_\_

FATHER'S EMAIL: \_\_\_\_\_

FATHER'S PHONE: \_\_\_\_\_

MOTHER'S FULL NAME: \_\_\_\_\_

MOTHER'S EMAIL: \_\_\_\_\_

MATHER'S PHONE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

RELATION TO CHILD: \_\_\_\_\_

PHONE: \_\_\_\_\_

Would you be interested in Managing a team? YES/ NO

Would you be interested in Assistant Coaching a team? YES / NO

Would you be interested in operating scoreboard? YES / NO

Would you be interested in helping ump a game? YES / NO

Would you be interested in helping prep the field? YES / NO

PARENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

REGISTRATION FEE (CHECK OR MONEY ORDER ONLY): **\$50 PER PLAYER**

**PLEASE FILL OUT THIS FORM AND THE MEDICAL RELEASE FORM,  
ENCLOSE PAYMENT AND MAIL OR DROP OFF TO:**

**HATBORO LITTLE LEAGUE  
2 BLAIR MILL ROAD  
HATBORO, PA 19040**