

# Crimson Tide Baseball Academy Registration

PLAYERS NAME \_\_\_\_\_

CURRENT GRADE \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

Tee Shirt Size (circle one) Youth S M L Adult S M L XL XXL

LEVEL OF PLAY DURING THIS SEASON

\_\_\_ 8 & UNDER BASEBALL

\_\_\_ 10 & UNDER BASEBALL

\_\_\_ 12 & UNDER BASEBALL

\_\_\_ 14 & UNDER BASEBALL

PRIMARY POSITIONS PLAYED (CHECK ALL THAT APPLY)

\_\_\_ PITCHER

\_\_\_ CATCHER

\_\_\_ FIRST BASE

\_\_\_ SECOND BASE

\_\_\_ SHORT STOP

\_\_\_ THIRD BASE

\_\_\_ OUTFIELD

FATHER'S NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_ CELL # \_\_\_\_\_

EMAIL \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_ CELL # \_\_\_\_\_

EMAIL \_\_\_\_\_

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

INSURANCE \_\_\_\_\_

HEALTH CONCERNS \_\_\_\_\_

I hereby consent for my child to participate in the Crimson Tide Baseball Academy sponsored by the Columbia High School Baseball Booster Club. I agree that my child and I will comply with the rules and regulations of the academy. I understand that injury can be sustained while playing and hereby release the CHS Baseball Booster Club, officers, directors and coaches from any injuries that my child may sustain.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_/\_\_\_/\_\_\_

A confirmation e-mail will be sent to participants once the registration form and payment are received. Please provide an e-mail address that you would like the confirmation sent to in the space below. We will also use this e-mail address to communicate any important information regarding camp details.

E-mail Address \_\_\_\_\_