

P. C. B. Youth Baseball, Softball, & T-ball Spring Registration

Child's Name _____ Birth Date ___/___/___ Male ___ Female ___

Street Address _____ Home Phone _____

Mailing Address _____

City _____ State _____ Zip _____

Father's Name _____ Phone _____

Mother's Name _____ Phone _____

Emergency Contact _____ Phone _____

Siblings in the same age group that want to be on the same team? Yes ___ No ___

Each player must have a copy of his/her birth certificate on file with the recreation department.

I have received a copy of the draft.

I have received a copy of the playing rules.

I understand that my child must attend tryouts before he/she will be placed on a team.

(Boys- Jan 28th, Girls- Feb. 4th)

Please Check Age Group, Shirt Size, & Pant/ Short Size

<u>Baseball/T-ball</u>	<u>Softball</u>	<u>Shirt Size</u>	<u>Pant/ Short Size</u>
*Age as of 4/30/06	*Age as of 1/1/06	___YS ___AS	___YXS
___13-14	___15-16	___YM ___AM	___YS ___AS
___11-12	___13-14	___YL ___AL	___YM ___AM
___9-10	___11-12	___AXL	___YL ___AL
___7-8	___9-10	___AXXL	___YXL ___AXL
___4-6 T-ball	___6-8		

***Please note any special needs/requests on back of form**

For Office Use Only

Birth Certificate on File _____ Receipt Number _____ Check Number _____ Cash Amount _____	Playing Age
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Registration Fees:

\$50 City Resident, \$70 Non-City Resident, \$10 off for each additional child in the same household