

**SOUTHLAKE BASEBALL ASSOCIATION ("SBA")  
PLAYER REGISTRATION FORM**

**PLAYER INFORMATION**

Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Street \_\_\_\_\_ Street 2 \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Sex \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

E-Mail \_\_\_\_\_

School \_\_\_\_\_ If applicable, are SIBLINGS to play on the same team? Y / N / NA

Uniform: **Shirt Size** Youth: S M L Adult: S, M L XL **Pant Size** Youth: XS S M L XL Adult: S M L XL

**Hat** Youth Adult **Note: Batting helmets are not provided by SBA.**

DIVISION NAME	AGE AS OF April 30, 2011 (See Age Key)	PLACEMENT CONSIDERATION (Select One)	Fee	Check #/ Amount
<b>BlastBall (No Coach Look)</b>	3 & 4 year olds	Not Applicable	\$80.00	
<b>Shetland*</b>	5 & 6 year olds	Advanced Consideration Only ____ <b>Or</b> Advanced or Beginner Consideration __ <b>Or</b> Beginner Consideration Only ____	\$105.00	
<b>Pinto*</b>	7 & 8 year olds	Grapefruit Consideration Only ____ <b>Or</b> Grapefruit and Texas Cactus Consideration __ <b>Or</b> Texas Cactus Consideration Only ____	\$135.00	
<b>Mustang*</b>	9 & 10 year olds	Grapefruit Consideration Only ____ <b>Or</b> Grapefruit and Texas Cactus Consideration __ <b>Or</b> Texas Cactus Consideration Only ____	\$150.00	
<b>Bronco</b>	11 & 12 year olds	Not Applicable	\$150.00	
<b>Pony</b>	13 & 14 year olds	Not Applicable	\$150.00	
<b>Colt (No Coach Look)</b>	15 & 16 year olds	Not Applicable	\$150.00	

\* - Players must attend Coach Look to be considered for Advanced or Grapefruit. If the box indicating one of these upper divisions **ONLY** has been checked, then it is understood that if the player is not selected for this level, and if the player further does not wish to participate in the SBA program, a registration refund, less a \$25.00 administrative charge, will be sent via U.S. mail.

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**ADDITIONAL REQUIRED INFORMATION**

**Father:**

Last \_\_\_\_\_ First \_\_\_\_\_

Street \_\_\_\_\_ Street 2 \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Ext \_\_\_\_\_ Cell ( ) \_\_\_\_\_

E-Mail \_\_\_\_\_

**Mother:**

Last \_\_\_\_\_ First \_\_\_\_\_

**Note: Mother's data blanks need not be filled in if duplicative of Father. Otherwise, please complete.**

Street \_\_\_\_\_ Street 2 \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Ext \_\_\_\_\_ Cell ( ) \_\_\_\_\_

E-Mail \_\_\_\_\_

**Emergency Contact:**

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Known Medical Conditions / Allergies \_\_\_\_\_