


F.A.I.T.H. Falcons
SPORTS REGISTRATION FORM
Spring, 2010 Boys Baseball

Parent's/Guardian's Names: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

E-Mail Address: _____ Cell Phone: _____

Home Church (if applicable): _____

Emergency Contact Name: _____ Phone: _____

Health Insurance Information:

Carrier: _____ Policy #: _____ Plan Code: _____ Group #: _____

Sizes

Adult T-Shirt Sizes: S(34-36), M(38-40), L(42-44), XL(46-48), 2XL(50-52), 3XL(54-56), 4XL(58-60)

Adult Sock Sizes: Adult - Shoe Size Men 8-13 or Intermediate - Shoe Size Men 4 1/2-7 1/2

Size ordering is your responsibility; if we need to reorder for a different size, you will be responsible for any charges incurred.

Fees

Players will keep their T-Shirt, hat and socks and be responsible for laundering.

Each player will be responsible for purchasing their own white baseball pants, baseball cleats and glove.

Please indicate sizes in the below columns and pay accordingly. (See all fees listed below.)

<u>Player's First & Last Name</u> <small>(Please fill out a separate registration form for each additional player.)</small>	<u>D.O.B.</u>	<u>Age</u>	<u>Current Grade</u>	<u>T-Shirt Size</u> \$10.00 each	<u>Sock Size</u> \$10.00 each	<u>Hat</u> \$10.00 each	<u>Player Fee</u> \$50 per player
	/ /						\$50.00

Total Fees

\$ _____

Coach Credit (if applicable)

\$ -

Total Amount Due

\$ _____

Amount Paid

\$ _____

Balance

\$ _____

(Optional) Tax Deductible Contributions

\$ _____

Cash / Check or M.O. # _____

If your child has played or is interested in playing catcher, please check this box

If your child has catcher's equipment, please check this box.

Registration is due **February 15th**. All fees are non-refundable! **Make checks payable to F.A.I.T.H. Homeschool, Inc.**

By registering my child today, and signing below, I am acknowledging that I am personally responsible for any damage to the fields or any injuries sustained by my child or myself. In the event of an emergency and medical attention is necessary I give permission to the F.A.I.T.H. Director and/or Coaches to seek medical attention for my child.

Parent's/Guardian's Signature _____