

TOYC BASEBALL\SOFTBALL SPRING 2024

Child Name _____ Current Grade _____

Date of Birth _____ Age _____

Jersey Size: YS YM YL YXL
(Circle one) AS AM AI AXL

Parent Name _____ Text? Yes or No

Phone Number _____

Alternate # _____

Email _____

Home Address _____

Medical Conditions or Allergies: _____

I give permission for _____ to receive emergency medical treatment administered by coaches or Youth Commission volunteers.

In an emergency, if I the parent or guardian can't be reached, please contact:

Name: _____ phone _____

Parent/Guardian Signature _____ Date _____

I agree to return all equipment/uniforms issued to my child. I understand that I am responsible for repairing or replacing the equipment/uniforms if it is damaged, lost or stolen while in my possession. I understand that uniforms are property of TOYC.

Parent/Guardian Signature _____ Date _____

I hereby grant TOYC permission to take and use photographs of my child in any and all of its publications and in any and all other media.

Parent/Guardian Signature _____ Date _____

Additional information/special request: _____

I would be interesting in coaching and/or helping Yes or No
