

Aberdeen Softball 2012

REGISTRATION FORM

Player Information

Player Name: _____ Parent Name: _____

Address: _____ City: _____ Zip: _____

Phone # (best number to reach you) _____ Alt # _____

EMAIL: _____

Have you played softball? YES NO If yes, Where? _____

Coaches Name: _____ What position? _____

What school do you attend? _____

Do you have sisters playing for Aberdeen? YES NO If yes, What age group? _____

How did you hear about registration? _____

What nights are most convenient for practice? _____

Uniform Order

Shirt Size: Y-XS Y-SM Y-MED Y-LG
A-SM A-MED A-LG A-XLG A-XXL

14+Team (previous Aberdeen players only): Player Number _____

Administrative Use Only

Birth Certificate Verified: Y N initial: _____

DOB: _____

AGE as of 12/31/10: _____

Team/Coach: _____ 7-8 9-10 11-13 14+

Special Accommodations _____

Payment: cash check ck # _____ Amount \$ _____