

PAL BASEBALL SIGN UP FORM

Child's name: _____

Circle one: Boy or Girl

Age: _____ Height: _____ Weight: _____

Birthday: _____

Concerns: _____

Address: _____

Mother's Name: _____

Home #: _____ Cell _____ E-mail: _____

Father's Name: _____

Home #: _____ Cell _____ E-mail: _____

Medical Release:

_____ (Child's name) is protected under our family's insurance carrier. I agree not to hold Rockwood Baptist Church or its representatives liable in case of injury. Both parents must sign and date.

Parent signature Date

Parent signature Date

Anything special you would like to tell us about your child: