Grand Rapids Baseball/Softball Sign up

Tball 8U 10U 12U 15U

Please print the following information:

Childs name: _____

Parent/Guardian Name: _____

Address: _____

Phone: _____ Text Yes or No

Email: _____

Age of child on 4-30 of this year (baseball) 12-31 of this year (softball): _____

Birthdate: _____ Gender: M/F

I hereby give permission for the above named child to participate in all activities of the Grand Rapids Little League Baseball/Softball season. In consideration of the benefits my child will receive through participation in this program, I understand I am to ensure that my child is fully insured against any injury, and against any medical, surgical, hospitalization or other expense that my child may incur as a result of his/her participation in this program. I further agree not to hold the Grand Rapids Little League, any organizational officer, coach, referee, or any other person connected with this program liable for any injury that I or my child may incur as a result of my child's participation in this program.

Signature of Parent or legal Guardian: _____Date_____

Uniform Order

Tball Baseball Softball

Childs name: _____

Childs name as it will appear on back of shirt: _____Number:_____

Shirt size (circle):

Youth-S Youth-M Youth–L Adult-S Adult-M Adult-L Adult-XL Adult- XXL

Adjustable Hat: Youth Adult

Visor: Youth Adult