



St. James the Greater Baseball/T-Ball Registration

Registration must be turned into St. James with \$35 fee not later than February 15th. Please make checks payable to the St. James Athletic Association. Form will not be accepted without

Name _____ Gender M or F

Date of Birth _____

My child is currently in _____ Grade School _____

Address _____ ZIP code _____

In the event that there are an insufficient number of athletes to form a team, is your child willing to play for another school. Y or N

Has your child played for another school in the past? Y or N Name of School _____

Is your child playing for a team outside of CYC Y or N?

Are you interested in Coaching or Assistant Coaching? Y or N

Will you need a uniform? Y or N, (If your child does not have a uniform, one will have to be purchased. Purchase price is our cost from the uniform supplier)

**** I WILL NOT HOLD ST. JAMES THE GREATER PARISH LIABLE FOR ANY INJURIES MY CHILD MAY INCUR WHILE PARTICIPATING IN THE CYC PROGRAM.**

Parent or Guardian (Please Print) _____

Parent or Guardian (Signature) _____

Date _____ Phone # _____

Email Address (Please Print) _____

Please use back for any additional contact information.