



# Player Registration Form

2010

(Please print clearly)

Player's Name Last: \_\_\_\_\_ First: \_\_\_\_\_

Street Address: \_\_\_\_\_

Township: ( Upper / Lower / West ) Pottsgrove State: PA Zip: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Division Last Year: \_\_\_\_\_ Years in Division: \_\_\_\_ Team: \_\_\_\_\_

Father's Name Last: \_\_\_\_\_ First: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_

I will volunteer to: Coach \_\_\_\_\_ Asst. Coach \_\_\_\_\_ Field Prep \_\_\_\_\_ Fund Raising \_\_\_\_\_

Mother's Name Last: \_\_\_\_\_ First: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_

I will volunteer to: Coach \_\_\_\_\_ Asst. Coach \_\_\_\_\_ Field Prep \_\_\_\_\_ Fund Raising \_\_\_\_\_

**Cost:**

League age 13-15 year olds: \$175

League age 16-19 year olds: \$275

Please make check payable to: "PBO"

**You will receive 5 - Lottery \$5 Calendars for our Fundraiser - Sell them and your Registration will only be \$150 & \$250**

**\$25 charge for all returned checks.**

*I/We here by grant permission for my child to participate in organized baseball with the Pottsgrove Baseball Organization. I/We understand that all uniforms and equipment loaned to my child must be returned to the association. In case of injury or accident I/We must use our own health and accident insurance before using the insurance provided by the association. I/We are responsible for my child's transportation to and from all games and practices.*

*(Parent(s) or Guardian(s) please sign and date below)*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Has any information changed since last year? Yes / No  
If "Yes" what has changed?

**Official use only:**

Amount Paid \_\_\_\_\_ Cash \_\_\_\_\_ Check# \_\_\_\_\_ # of Players \_\_\_\_\_

**NO REFUNDS AFTER TRY-OUT**