TOUCHING BASES Softball League of Erie County, Inc.

2017 Player Registration

Name		Date of	Birth	Age c	on 7/1/2017
Address			City	//Zip	
Type of Residence: Family Home Please provide the (nam					
Physician's name/phone	number				
Insurance Carrier					
Please list allergies, cau know:					
Behavior and/or other concerns and recommendations:					
Is there an email address where we can contact you or someone who handles your affairs?					
Have you played baseba	Ill/softball previously?	Yes	No	If so, how mai	ny years?
What league? If returning to Touching Bases, what team were you on last year? (if you are not sure of the team name, tell us the coach's name or the color of your uniform)					
Shirt Size S	М	L	XL	XXL	XXXL
Please check:	vening League Daytime League				
 House staff and/ Start of season i Eligible players a 	all athletes are response or a family member r s the July 24th; coacl are 18 and older with ar website and/or Fac	nust remain at field hes will contact pla a developmental o	d with players ayers for pract disability	during practices	
Please circle if you know someone who might be interested in assisting the league in any of the					
<i>following positions:</i> Name/Phone Number:	Head Coach	Asst. Coach	Scoreke	eper Ump	ire Sponsor

Registration and a \$40.00 payment per player is due by June 20, 2017.

Make checks payable to: *Touching Bases*. Send to: 49 Hillside Pkwy., Lancaster, NY 14086 (Call 681-4330 with questions)

*There is a possibility that a small amount of funds are available for those individuals who want to play with us but cannot afford the registration fee. Please contact us as soon as possible.