TOUCHING BASES

Softball League of Erie County, Inc.

2019 Player Registration

Name Date of Birth

Address City/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Residence: Family Home \_\_\_\_\_ Agency Residence \_\_\_\_\_\_\_ Name of Agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide the name and phone number or the best way to contact you (*include an email address too):*

Physician's name/phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Insurance Carrier \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list allergies, causes for seizures, use of wheelchair/walker or other conditions about which we should know: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Behavior and/or other concerns and recommendations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age on 7/1/2019 \_\_\_\_\_\_ Have you played baseball/softball previously? Y N If so, how many years? \_\_\_\_\_\_

\*\*\*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)\*\*\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circle your Shirt Size: S M L XL XXL XXXL

* Please note that all athletes are responsible for bringing a baseball mitt to all games/practices
* House staff and/or a family member must remain at field with players during practices and games
* Start of season is Mon. 7/29/19 ; coaches will contact players for practices during the month of July. \*\*\*\**PLEASE DO NOT CALL THE TOUCHING BASES LINE ABOUT PRACTICES. CALL YOUR COACH. WHEN YOUR COACH CALLS, TAKE HIS/HER NUMBER SO YOU CAN CALL WHEN NECESSARY*\*\*\*\*
* Eligible players are 18 and older with a developmental disability
* Please watch our website and/or Facebook page for other information

Please circle if you know someone who might be interested in assisting the league in any of the following positions: Head Coach Asst. Coach Volunteer Scorekeeper Umpire Sponsor

Name and Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registration and a $40.00 payment per player is due by June 20, 2019.*Make checks payable to*: Touching Bases. *Send to*: 89 Treehaven Rd., W. Seneca, NY 14224…Call 949-7636 (Kathy) or 907-3242 (Brenda) or Jason.Malkowski@aspirewny.org with questions