



2011 DETROIT YOUTH BASEBALL LEAGUE

SOFTBALL & HS SOFTBALL REGISTRATION FORM



Orchards
Children's Services

SECTION I: PARTICIPANT INFORMATION

PLEASE PRINT VERY CLEARLY!

Participant Name: _____

Gender: Male Female Date of Birth: _____ Age: _____

School: _____ Grade: _____

Participant's Email Address: _____

Team/Coach Request (optional): _____

Health Conditions/Prescription Meds: _____

Shirt Size (circle one): Youth Sizes: S M YL XL Adult Sizes: S M L XL 2XL

Shorts Size (circle one): Youth Sizes: S M YL XL Adult Sizes: S M L XL 2XL

Does the child have health insurance: No Yes

SECTION II: PRIMARY PARENT/GUARDIAN INFORMATION (Primary parent will receive emails, phone calls, and mailings)

Name: _____

Relationship to Participant: Father Mother Other _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

I can volunteer to be a: Coach Asst. Coach Team Mgr. Event Assistant

SECTION III: SECONDARY PARENT/GUARDIAN INFORMATION

Name: _____

Relationship to Participant: Father Mother Other _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

SECTION IV: EMERGENCY CONTACT

Name: _____ Phone: _____

Relationship to Participant _____

Office Use Only Date: _____ Received By: _____ Birth Certificate

Form of Payment: _____ Amount Paid: _____ Special Fee D/E _____

Think Detroit PAL Office - 111 West Willis, Detroit, MI 48201 - Phone: 313.833.1600 - www.thinkdetroitpal.org

THE REGISTRATION FEE IS NON-REFUNDABLE! - SIGNATURES ARE REQUIRED ON BACK

