



Cecil Skipjacks Amateur Athletics, Inc.

Player Profile

Player Name _____ Birth Date _____
Address _____ Age _____

Home Phone (____) ____ - ____
School _____ Current Grade _____

Mother's Name _____
Address _____

Home Phone (____) ____ - ____ Cell (____) ____ - ____
E-mail _____

Father's Name _____
Address _____

Home Phone (____) ____ - ____ Cell (____) ____ - ____
E-mail _____

Previous Team Name _____
Coach _____
Positions Played _____
Emergency Contact _____ # _____

Any known medical concern that the coaching staff should be made aware of?

Birth certificate copy

Shirt size _____ Pant size _____

Hat size _____ Sock Size _____ Belt Size _____

Player Agreement

The undersigned is the parent or guardian of the player listed above and hereby requests that this child be registered as a member of a Cecil Skipjacks Amateur Athletics, Inc. organization. To the best of my knowledge my child is physically fit and able to play baseball. I agree as a parent or guardian to furnish a doctor's statement if requested. It is understood that the Cecil Skipjacks does not take responsibility for my child's physical condition. I hereby agree that the Cecil Skipjacks, its members, manager, coaches or officers shall not be liable for any injury or loss which my child or children may sustain while participating in activities of any kind, whether sponsored by or under the supervision of the Cecil Skipjacks Amateur Athletics, Inc., and agree to indemnity and hold harmless Cecil Skipjacks Amateur Athletics, Inc., its members, managers, coaches, officers, or designates of any kind from any claim whatsoever. I hereby also agree to be responsible for any player fees.

Parent or Guardian Signature _____ Date _____