



# Ashland T-Ball Registration Form (One Card per Child)

**DATES: May 16, 23,30 & June 6.**

**9am-10am**

Name of Child: \_\_\_\_\_ DOB: \_\_\_\_\_ Age \_\_\_\_\_

Sex: M / F                  Shirt Size: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Town: \_\_\_\_\_ Zip: \_\_\_\_\_

**Emergency Information**

Legal Guardian's Name: \_\_\_\_\_

Day Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Cell /Home / Work: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Cell /Home /Work: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Email: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Medications:  
\_\_\_\_\_

Allergies (include food):  
\_\_\_\_\_

Any other information that may help us better meet your child's needs:  
\_\_\_\_\_

Interest in coaching (circle):    YES                  NO                  Available for other needs    YES                  NO  
interested in Sponsoring (circle):    YES                  NO

**\*\* AN ADULT MUST STAY AT THE FIELD\*\***