

EH Royal Pride League Sign Up

PLAYER NAME _____

PARENTS NAMES _____

EMAIL ADDRESS _____

HOME # _____

CELL # DAD _____

CELL # MOM _____

PERSON TO CONTACT FOR EMERGENCY _____

EMERGENCY CONTACT # _____

SHIRT SIZE: YM YL AS AM AL AXL **(CIRCLE ONE)** **SHORT SIZE:** YS YM YL AS AM AL AXL

ANY HEALTH ISSUES WE SHOULD BE AWARE OF: Y or N If Yes please explain

PLAYERS AGE AS OF JANUARY 1ST 2010: 6 7 8 9 10 11 12 13 14 (Please circle one)

Indicate if you choose to have your daughter play up to higher level team

Age Group to play in: 10U 12U (please circle one)

**I give _____, permission to play in the EH Royal Pride Softball League
(PLAYER'S NAME)

this ____ day of _____, 2010.

(PARENTS SIGNATURE)

(PARENTS SIGNATURE)

- COST IS \$50.00, MAKE CHECK'S PAYABLE TO **EHHS SOFTBALL** / ATTENTION DEB KRAMER/HEAD SOFTBALL COACH.
- ALL FORMS MUST BE RECEIVED BY **NO LATER THAN MARCH 15TH, 2010**. IF FORMS ARE RECEIVED LATE YOU MAY NOT BE PLACED ON A TEAM.
 - CONTACT DEB KRAMER @ EHCOACHKRAMER@COMCAST.NET WITH ANY QUESTIONS OR CONCERNS WITH EH ROYAL PRIDE SOFTBALL LEAGUE
 - OPENING DAY: APRIL 24TH (APRIL 24TH – JUNE 20TH)