

CIRCLE:      5/6 YEAR OLD      7/8 YEAR OLD      9/10 YEAR OLD      11/12 YEAR OLD  
ONE            (YELLOW)            (RED)            (BLUE)            (GREEN)

# Laurel-Jones County Dixie Youth Baseball 2011

\_\_\_\_\_  
FIRST NAME                      MIDDLE NAME                      LAST NAME

DATE OF BIRTH: \_\_\_\_\_ AGE CHILD WILL BE ON 4/30/11: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_ COUNTY OF RESIDENCE: \_\_\_\_\_

TEAM YOU WERE ON LAST YEAR: \_\_\_\_\_

COACH NAME(S): \_\_\_\_\_

PLAYER LIVES WITH: \_\_\_\_\_ (FATHER, MOTHER, BOTH, GUARDIAN)  
CIRCLE ONE

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**FATHER'S INFORMATION:**

NAME: \_\_\_\_\_ OCCUPATION/EMPLOYMENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL NUMBER \_\_\_\_\_

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**MOTHERS INFORMATION:**

NAME: \_\_\_\_\_ OCCUPATION/EMPLOYMENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL NUMBER: \_\_\_\_\_

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LIST ANY MEDICAL HISTORY/CONDITION YOU THINK THE COACH SHOULD KNOW ABOUT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SHIRT SIZE: \_\_\_\_\_  
PANT SIZE: \_\_\_\_\_  
HAT SIZE: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

<p><b>OFFICIAL USE ONLY:</b></p> <p>FEE PAID: CASH: _____ CHECK: _____ BIRTH CERTIFICATE: _____</p> <p>LEAGUE: _____</p>
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