

**HYDE PARK BAPTIST CHURCH BASEBALL LEAGUE  
REGISTRATION FORM**

NAME: \_\_\_\_\_

AGE: \_\_\_\_\_ GENDER: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

PARENTS NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TOWN: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Best way to send out correspondence: Email or Regular Mail (please circle one)

MEDICAL INSURANCE: \_\_\_\_\_

DOCTORS NAME: \_\_\_\_\_

DOCTORS PRACTICE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

GROUP #: \_\_\_\_\_ PLAYERS ID #: \_\_\_\_\_

PRIMARY MEMBER NAME: \_\_\_\_\_

SHIRT SIZE (Please circle one): CHILD: S (6 – 8) M (10 – 12) L (12 – 14) / ADULT: S M L

In case of medical emergency, I understand every effort will be made to contact parents or guardian of player. In the event I cannot be reached, I hereby give permission to the physician selected by the coaching staff to secure proper treatment for my child. We encourage parents to be involved under the direction of your child's coach.

DATE: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_

Spring Baseball Fee: \$40 per child. Families with 3 or more children playing receive a family discount and pay \$100 maximum fee. Please sign up by March 4. After this date there will be a \$15 late fee. Church member \$20 per child, 3 or more \$50.

**Please make checks payable to:** Hyde Park Baptist Church

**PLEASE REMIT PAYMENT BY MAIL to:**

*Hyde Park Baptist Church  
ATTN: Pastor Nargi  
10 Romans Road  
Hyde Park, New York 12538*

Any questions please contact Pastor Nargi at (845) 229-9150.