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and Email to [btwbasebal@gmail.com](mailto:btwbasebal@gmail.com)  
or Mail to: Washington Baseball  
Boosters PO Box 10170, Pensacola,  
FL 32524

## Washington High School Summer Baseball Registration

Player Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Grade Attending in Fall 2016: \_\_\_\_\_

Home Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Player Email Address: \_\_\_\_\_ Player Cell #: \_\_\_\_\_

Parent/Guardian Name 1: \_\_\_\_\_ Cell #: \_\_\_\_\_

Parent/Guardian 1 Email Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Parent/Guardian Name 2: \_\_\_\_\_ Cell #: \_\_\_\_\_

Parent/Guardian 2 Email Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Is there any expertise, talent, or assistance that your parent/guardian would be willing to share (e.g. fundraising, concession, fence signs, field maintenance....)? \_\_\_\_\_

Official Use Only

- \_\_\_\_\_ EL2 Preparticipation Physical
- \_\_\_\_\_ EL3 Consent/Release from Liability
- \_\_\_\_\_ EL3CH/ADD Concussion/Heat & Cardiac
- \_\_\_\_\_ Summer Ball Fee – Cash/Check # \_\_\_\_\_