



\$30 fee is due at the first practice (September)

DATE _____ PAID BY: CHECK _____ CASH _____ BIRTH CERT. _____ ID# _____
(Please print or type) (Check #) CHECKED / INITIAL (EGRA use only)

CHILD'S FULL NAME _____
(First) (Middle) (Last)

ADDRESS _____

CITY _____ STATE _____ ZIP _____

BIRTH DATE _____ LEAGUE CHILD WILL BE PLAYING IN NEXT SPRING _____

PARENTS _____ E-mail Address _____

PHONE (Including area code) (Cell) _____ (Other) _____

GENDER: MALE / FEMALE LAST TEAM _____ ASSIGNED TEAM _____
(Circle one)

Uniform Shirt Size (Circle One) Youth S Youth M Youth L Adult S Adult M Adult L Adult XL Adult 2XL

RESIDENT OF: (Please circle one) CITY OF EMPORIA GREENSVILLE CO. OTHER (Specify) _____

PERMISSION FORM (Please Read Before Signing)

By signing this form giving permission for my child to participate, I pledge that my family will observe GOOD SPORTSMANSHIP and may lose the right to attend if this rule is violated. A registration fee of \$30 is due at the first practice. I understand there is a \$25.00 returned check fee. I agree to pay the amount for which the check was written, in addition to the \$25.00 fee. I acknowledge and confirm that I have read and provided the correct information requested, and understand that the participant will be ineligible to participate if the information is found to be invalid.

SIGNED _____ Date _____
(Parent/Guardian)

You can find "EGRA Works for Our Kids" on Facebook and online www.egra.org