

EGRA BASEBALL & SOFTBALL

2020 REGISTRATION FORM

****Please be advised that ALL players will be placed in a common draft. Residency will be taken into consideration to the greatest extent possible, but this will not guarantee placement on a specific team. Before registering a player, please take into consideration that travel to both park locations (Meherrin River Park AND JRA Complex) WILL be required. ****

PRINT NAME (as shown on birth certificate) _____
(First) (Middle) (Last)

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

DATE OF BIRTH: _____ BASEBALL age as of May 1, 2020 _____ SOFTBALL age as of August 1, 2020 _____

PRINT PARENT NAME _____ PREFERRED PHONE _____

PARENT EMAIL ADDRESS _____ ALTERNATE PHONE _____

LAST TEAM _____ ASSIGNED TEAM _____ LEAGUE _____

RESIDENT OF (circle one) CITY OF EMPORIA GREENSVILLE COUNTY OTHER (specify) _____

UNIFORM SHIRT SIZE: (circle one) YOUTH S YOUTH M YOUTH L ADULT S ADULT M ADULT L ADULT XL ADULT 2XL

PERMISSION FORM 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 \$45 must accompany this form when submitted. I understand there is a \$25 returned check fee. I agree to pay the amount for which the check was written, in addition to the \$25 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. I understand there are absolutely NO REFUNDS.

PARENT/GUARDIAN SIGNATURE _____ Date _____

TOURNAMENT PERMISSION (Must be signed to be eligible for tournament play) I understand that all children whose parents give their permission, may be NOMINATED for the league tournament team. I understand that signing this form does not mean my child will be selected. I also understand that players which are selected agree to attend all practices and games, or they will be replaced with another participant, and that play may be limited to the players needed for the tournament. By signing this form, I agree to the conditions set forth and hereby authorize my child to be nominated.

PARENT/GUARDIAN SIGNATURE _____ Date _____

BOARD/COMMISSIONER USE ONLY

DATE _____ PAID BY: CHECK # _____ CASH _____ PAYMENT RECEIVED BY INITIALS _____

NEW PLAYER: YES _____ NO _____ BIRTH CERTIFICATE YES _____ NO _____ ON FILE _____ ID# _____ LEAGUE _____

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