

Dickinson Baseball Club, Inc.
Player Registration Form
DHS Baseball



Date: _____

Player's name (First name, MI, Last name): _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ Birthdate: _____ Age: _____

Cell number: _____ Parent's cell number: _____

School attending: _____ Grade in school: _____

Mother's name: _____ Father's name: _____

Mom's work place: _____ Father's work place: _____

Mom's work phone #: _____ Dad's work phone #: _____

Player's email address: _____

Parent's email address: : _____

(To improve communication we would like to develop an email list to send out information. This would be especially important for the out-of-town players to check practice times, schedule changes, announcements, etc.)

Who to contact in case of an emergency & mom/dad cannot be reached:

Name: _____ Phone #: _____

Physician: _____ Clinic: _____

Health insurance company: _____ Policy #: _____

Do you have any physical restrictions? Yes No

Please list: _____

Do you have any significant medical health issues? Yes No

If yes, explain: _____

Do you take any medications? Yes No

Height: _____ Weight: _____

Please circle:

Bat: right left both Throws: right or left

Position/positions played: _____

Favorite Major League team: _____

Favorite Major League player: _____

T-shirt size (circle): Small Medium Large XLarge XXLarge

I have read and understand the Dickinson High School baseball refund policy.

Date: _____

Player: _____ Parent: _____