

REG # \_\_\_\_\_  
RECEIPT # \_\_\_\_\_



**2016**  
**MIMS PARK ATHLETICS**  
**BABE RUTH REGISTRATION**



OFFICIAL USE ONLY
LEAGUE AGE <input type="text"/>

M  F

\_\_\_\_\_  
PLAYER'S LAST NAME      PLAYER'S FIRST NAME      DATE OF BIRTH      AGE NOW

\_\_\_\_\_  
SCHOOL      PLAYER'S HOME ADDRESS      CITY      ZIP      MAIN PHONE

\_\_\_\_\_  
ALTERNATE PHONE      FATHER'S NAME (PLEASE PRINT)      OCCUPATION      COMPANY

\_\_\_\_\_  
ALTERNATE PHONE      MOTHER'S NAME (PLEASE PRINT)      OCCUPATION      COMPANY

\_\_\_\_\_  
MAIN EMAIL ADDRESS      SECONDARY EMAIL ADDRESS

BOTH  MOTHER  FATHER  
CHILD LIVES WITH: (CHECK ONE)      MOTHER'S OR FATHER'S ADDRESS IF DIFFERENT THAN PLAYER'S

HAS YOUR CHILD EVER PLAYED ORGANIZED BASEBALL BEFORE?  YES  NO IF **YES**, HOW LONG? \_\_\_\_\_

DID YOUR CHILD PLAY AT **MIMS PARK** LAST YEAR?  YES  NO IF **NO**, WHERE? \_\_\_\_\_

DOES YOUR CHILD PLAY SCHOOL BALL?  YES  NO IF **YES**, WHERE? \_\_\_\_\_

HOW MANY CHILDREN DO YOU HAVE THAT WILL PLAY BALL AT MIMS PARK THIS YEAR: \_\_\_\_\_

DOES THIS PLAYER HAVE BROTHERS/SISTERS WHO ARE ELIGIBLE TO PLAY ON THE SAME TEAM?  YES  NO

HAS YOUR ADDRESS CHANGED IN THE LAST YEAR?  YES  NO IF **YES**, PLEASE PROVIDE YOUR PREVIOUS ADDRESS BELOW:

I CERTIFY **I DO** LIVE WITHIN THE CITY LIMITS OF MOBILE, AL       I CERTIFY **I DO NOT** LIVE WITHIN THE CITY LIMITS OF MOBILE, AL

I/WE, THE PARENTS OR GUARDIANS OF THE ABOVE NAMED PLAYER, AGREE FOR OUR CHILD TO PARTICIPATE IN SPRING TRYOUTS IF LEAGUE AGE 13, 14, or 15. I/WE UNDERSTAND THAT HE/SHE MUST ATTEND AT LEAST ONE OF THE SCHEDULED TRYOUT SESSIONS TO BE ELIGIBLE TO BE DRAFTED ONTO A TEAM. (EXCEPTION: AHSAA RULES THAT WOULD PROHIBIT PARTICIPATION IN TRYOUTS, INJURIES)

I/WE WILL FURNISH THE LEAGUE WITH A CERTIFIED BIRTH CERTIFICATE AND/OR PROOF OF RESIDENCE, IF REQUESTED.

\_\_\_\_\_  
SIGNATURE OF THE PARENT OR LEGAL GUARDIAN      DATE

\_\_\_\_\_  
SIGNATURE OF THE PARENT OR LEGAL GUARDIAN      DATE

**MIMS PARK HAS A GREAT NEED FOR HELP IN MANY AREAS. IF YOU FEEL THAT YOU CAN OFFER ASSISTANCE IN THE FOLLOWING AREAS, PLEASE CHECK THE APPROPRIATE BOX:**

SPONSOR A TEAM  
 HEAD COACH  
 ASSISTANT COACH

SHIRT SIZE (CIRCLE ONE): YM YL YXL AS AM AL AXL AXXL

OFFICIAL USE ONLY	PAYMENT <input type="checkbox"/> CREDIT <input type="checkbox"/> CHECK <input type="checkbox"/> CASH	CONCESS. STATUS	SIBLING REG. #
-------------------	--	-----------------	----------------