

**COLLINSVILLE PARKS AND RECREATION DEPARTMENT
 PLAYER REGISTRATION FORM
 A SEPARATE FORM MUST BE FILLED OUT FOR EACH SPORT AND CHILD**

PLAYER'S INFORMATION

PLAYER NAME: _____			
ADDRESS: _____		CITY: _____	ST: _____
ZIP: _____			
GENDER:	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	
DATE OF BIRTH:	MONTH:	DAY:	YEAR:
Boys <input type="checkbox"/> 7-8 (COACH PITCH) <input type="checkbox"/> 9-10 (PLAYER PITCH) <input type="checkbox"/> 11-12 (PLAYER PITCH) <input type="checkbox"/> 13-14 (PLAYER PITCH)			
AGE DIVISION:			
Girls <input type="checkbox"/> 7-8 SOFTBALL <input type="checkbox"/> 9-10 SOFTBALL <input type="checkbox"/> 11-12 SOFTBALL <input type="checkbox"/> 13-14 SOFTBALL			
JERSEY SIZE:	<input type="checkbox"/> YTH SMALL	<input type="checkbox"/> YTH MEDIUM	<input type="checkbox"/> YTH LARGE
	<input type="checkbox"/> ADULT SMALL	<input type="checkbox"/> ADULT MEDIUM	<input type="checkbox"/> ADULT LARGE

PARENT/GUARDIAN INFORMATION

FATHER'S NAME: _____
HOME PHONE: _____
CELL PHONE: _____
MOTHER'S NAME: _____
HOME PHONE: _____
CELL PHONE: _____
ALTERNATE EMERGENCY CONTACT: _____
EMERGENCY CONTACT PHONE: _____

COACH INFORMATION

PLAYER'S COACH LAST SEASON: _____ For special requests, please provide a brief explanation on the back of the form. All information will be kept confidential.
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REGISTRATION FEES

7/8 (COACH PITCH)	\$80.00
9/10 (PLAYER PITCH)	\$80.00
11/12 (PLAYER PITCH)	\$80.00
13/14 (PLAYER PITCH)	\$80.00

A COPY OF THE CHILD'S BIRTH CERTIFICATE MUST ACCOMPANY THE REGISTRATION FORM:

COLLINSVILLE P.A.R.D. USE ONLY BELOW THIS LINE

PLAYER'S FEE: \$ _____

FORM OF PAYMENT: CASH CHECK CHECK# _____

BIRTH CERTIFICATE: YES NO

FORM REVIEWED & RECEIVED BY: _____