



2018 PLAYER APPLICATION

Player Last Name: _____ First Name: _____

Player Age: _____ (as of Jan 1) Birthdate: _____ Male Female

Address: _____ City: _____ Zip: _____

School Attending: _____ Grade: _____

Returning to Last Year's Team: Yes No Prior Team Name: _____

Parent/Guardian Full Name: _____ Relationship: _____

E-mail: _____ Phone: _____

Parent/Guardian Full Name: _____ Relationship: _____

E-mail: _____ Phone: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Desired Division:

- Co-Ed Tee-Ball (ages 4-5)
 Pee Wee Boys (ages 6-7) Machine Pitch
 Pee Wee Girls (ages 6-9) Machine Pitch
 Junior Boys (ages 8-9)
 Developmental (Girls ages 10-16)
 Competitive (Girls ages 10-16)
 Minor Boys (ages 10-12)
 Major Boys (ages 13-16)

Uniform Shirt Size:

- Youth Small
 Youth Medium
 Youth Large
 Adult Small
 Adult Medium
 Adult Large
 Adult X-Large
 Adult XX-Large

*Shirts are supplied by Diamondbacks, sizes cannot be guaranteed

Volunteer: Head Coach* Assistant Coach* Team Mom/Dad Snack Bar
(*Coach app required) (*Coach app required)

Player Medical History

Asthma Bleeding Tendency Allergies Glasses/Contacts Dental Braces/Bridges
Please list any other relevant medical information that may affect the ability to run/slide or otherwise pose a health risk including implants, metal plates, etc. _____

Initial and sign below - REQUIRED

_____ I agree to follow all league and facility (school/field/park) rules.
_____ I have read the Waiver of Responsibility.
_____ I have read the Medical Release.
_____ I have read and understand the Parents Code of Conduct.

How did you hear about us:

Signature (required): _____ Date _____

OFFICIAL USE ONLY
Birth Certificate on File Yes No
Paid in Full Amount Paid \$ _____
MBC Representative Name: _____
Date: _____ Time: _____