



Quakes 7U / 8U Registration Form

Date: _____

Athlete's Name: _____ Age (as of January 1, 2020) _____

Date of Birth: _____ School & Grade (this fall): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Parent Name: _____

Phone Number: _____

Parent e-mail: _____

What other sports or school activities is the athlete involved in?

Are you a pitcher? Yes _____ No _____

If yes, who is your pitching coach? _____

Are you a catcher? Yes _____ No _____

What other positions do you play? _____

What team did you play on this past season? Who was your coach?

Any specific Quakes team that you want to play for? (coaches name) _____

Parent(s) - Please Fill out this Section:

Do you have any skills or interests you would like to volunteer? (i.e. fundraising, construction, information technology, coordinating team activities, etc.)

Are you available to do any of the following? (please circle)

Help Coach

Assist at practice (if needed)

Team Mom or Dad