

Check #

Amount \$

LZBSA REGISTRATION

Player's Name: _____ () Male () Female

Birthdate: _____ Sport Registering for: Baseball _____ Softball _____

What league did your child play in last year? _____ (Tyro, Minor, Intermediates, etc.)

Registering for Lightning/Cougars? _____ Team? _____ (10U, 14U, etc.)

Player's Address: _____

City: _____ Zip: _____

Player's Home Phone Number: _____

PARENT /GUARDIAN INFORMATION***Parent/Guardian 1 Information --***

Parent/Guardian First & Last Name: _____

Parent/Guardian Home Phone: _____ Cell Phone: _____

Parent/Guardian Email: _____

Parent/Guardian 2 Information--

Parent/Guardian First & Last Name: _____

Parent/Guardian Home Phone: _____ Cell Phone: _____

Parent/Guardian Email: _____

VOLUNTEER OPPORTUNITIES

Each year you have the opportunity to volunteer your time. These opportunities include, but are not limited to: Manager, coach, or team parent. If you would like more information about these opportunities, please contact a league official. Anyone volunteering is required to complete the Manager/Coach/Field Assist form online.

Would you like to volunteer to help with the LZBSA? YES _____ NO _____

If yes, which volunteer opportunities are you interested in? Which Parent/Guardian? #1 or #2 _____

Manager _____ Coach _____ Team Parent _____

Sponsor _____ Tournament _____ Opening Day _____

ADDITIONAL PLAYER INFORMATION

School: _____ Grade: _____ Shirt size: A or Y S, M, L, XL

Does child play in any spring sport? YES or NO If so, which sport? _____

Interested in trying out for N60 - Grizzlies part time travel? (Boys not playing Cougars, ages 9-14) YES or NO

Interested in tryout out for Storm – Softball part time travel? (Girls not playing full time travel) YES or NO

Is there a pairing request? List one name. _____