

CLARKSTON TOWN BASEBALL

REGISTRATION SHEET

Participant's Name _____

Date of Birth ____/____/____ Age: ____ Male ____ Female ____

Primary Contact _____ Phone _____

Secondary Contact _____ Phone _____

Address _____ City _____ Zip _____

Emergency Contact _____ Phone _____
(In case Primary and Secondary aren't available)

Other Information (allergies, medications, disabilities, behavioral problems, etc.)

Shirt Size: YXS YS YM YL AS AM AL AXL

I am willing to volunteer as: Head Coach ____ Assistant Coach ____

Please mark one:

Must be correct age on December 31, 2025.

T-Ball \$20 5-6yrs ____

Coach Pitch \$20 7-8yrs ____

I hereby certify that _____ is in normal health and capable of participating in the sports program listed above. I hereby also give my permission for emergency medical treatment and hold harmless Clarkston town and coaches for accident or injury.

Parent/Guardian _____
(please print name)

Signature _____

**RETURN COMPLETED REGISTRATION AND FEE TO THE TOWN HALL
OR Mike (435) 265-6057 and Stephanie (435) 374-8083 15 S 200 W
Email: utclarkstonsports@gmail.com**

FOR OFFICE USE ONLY:

Initials ____ Date _____ Amount Paid _____