

Porter Baseball Club (Co-ed)

Player Information:

- Full Name: _____
- Date of Birth: _____
- Grade: _____

Parent/Guardian Information:

- Full Name: _____
- Relationship to Player: _____
- Phone Number: _____
- Email Address: _____

Baseball Experience:

- Years of Experience: _____
- Preferred Positions: _____
- Preferred Jersey Number (provide two different numbers) _____ / _____
- Jersey Size: _____

Consent and Waiver:

- I, the undersigned, hereby give permission for my child to participate in the youth baseball program. I understand that participation involves physical activity and potential risks. I agree to hold harmless the organizers, coaches, and volunteers from any liability arising from my child's participation.

Signature: _____

Date: _____

Schedule:

- Tuesdays and Wednesdays from 4:00-5:30
 - Begins 4/22 and ends 6/11

Parents: Woodbridge Little League uses our field at 5:30pm. Because of this, we need to finish cleaning up and be off the field by 5:25pm. Please be ready to pick up your student athlete promptly at 5:30! Multiple late pick-ups will result in removal from the baseball club.

Thank you!