

# Eagle Vipers American Legion Baseball Registration Form

Name: \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_, Idaho \_\_\_\_\_  
Street City Zip

E-mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Attendance School: \_\_\_\_\_ Month/Year to Graduate: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Shirt Size: \_\_\_\_\_ Pant Size: \_\_\_\_\_ Hat Size: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Uniform #request considered, not guaranteed \_\_\_\_\_

Years Experience: \_\_ Little League \_\_ High School(\_\_ Varsity \_\_JV \_\_Soph \_\_Fresh)  
\_\_ Babe Ruth \_\_ American Legion(\_\_ A \_\_AA)

All Positions Played: \_\_\_\_\_

Bat: \_\_ Left \_\_ Right Throw \_\_ Left \_\_ Right

In Case of Emergency, Notify: \_\_\_\_\_  
Name Phone

**PARENTAL INVOLVEMENT IS MANDATORY!!**

**Official Birth Certificate** \_\_ Yes \_\_ No

**Registration Fee Paid** \_\_ Cash \_\_ Check \_\_ Credit Card

**Registration Received By:** \_\_\_\_\_

**Board Member Signature**