



## Manitowoc American Legion Baseball

2014

Manitowoc American Legion Baseball  
Registration Meeting

Sunday, April 13, 2014  
Manitowoc Senior Center  
5:00 p.m. – 6:00 p.m.

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### Player Information Sheet

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Player Home Phone \_\_\_\_\_ Player Cell Phone \_\_\_\_\_  
Player E-Mail \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Position(s) \_\_\_\_\_  
Height \_\_\_\_\_ Weight \_\_\_\_\_ Bats: R, L, S (circle one) Throws: R or L (circle one)  
Father's Name \_\_\_\_\_ Father's E-Mail \_\_\_\_\_  
Father's Cell Phone \_\_\_\_\_ Father's Employer \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Mother's E-Mail \_\_\_\_\_  
Mother's Cell Phone \_\_\_\_\_ Mother's Employer \_\_\_\_\_  
Provide Brief History of Injuries or Medical Conditions: \_\_\_\_\_

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As the parent/guardian of the above-referenced player I do hereby grant permission for him to participate within the Manitowoc American Legion Baseball program and acknowledge the risk of accidental injury that may occur while participating in baseball.

Parent/Guardian Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

As a student-athlete participating within the Manitowoc American Legion Baseball program I hereby agree to conduct myself in a manner which reflects positively upon the values of the Legion program. I will respect the game, teammates, umpires, coaches, and fans while demonstrating high character and leadership both on and off the field.

Student-Athlete Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

Mail completed copy to: Kevin Stangel, 3415 Edgewood Road, Manitowoc, WI 54220 or bring to registration meeting.