

TRUMBULL COUNTY ADAPTIVE BASEBALL

Player Registration Form



Player Information

Player Name: _____ Birth Date: _____ Gender: _____

Address: _____

Phone: _____ Email: _____

Last Year's Team (if applicable): _____

Uniform Information

Shirt Size (check one):

☐ YS (6–8) ☐ YM (10–12) ☐ YL (14–16)

☐ AS (34–36) ☐ AM (38–40) ☐ AL (42–44) ☐ AXL (46–48) ☐ AXXL (50–52) ☐ AXXXL

Hat Size: ☐ Youth (below 85 lbs) ☐ Adult (above 85 lbs)

Parent / Guardian Information

Parent/Guardian #1

Name: _____ Phone: _____ Email: _____

Occupation: _____ Volunteer? ☐ Yes ☐ No

Parent/Guardian #2

Name: _____ Phone: _____ Email: _____

Occupation: _____ Volunteer? ☐ Yes ☐ No

Player Support Needs

Please describe any medical, physical, sensory, or behavioral needs:

Authorization & Acknowledgement

WARNING: Protective equipment cannot prevent all injuries a player may receive while participating in Baseball/Softball.

Trumbull County Adaptive Baseball, Inc. does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual orientation, or religious preference.

Parent/Guardian Signature: _____ Date: _____

Return by May 1st to ensure uniform availability and team placement.
Mail to: Trumbull County Adaptive Baseball, P.O. Box 362, Cortland, OH 44410