



Hinds County Youth Baseball Association

Father's Name: _____ Mother's Name: _____

Home Phone: _____ Home Phone: _____

Work or Cell: _____ Work or Cell: _____

E-mail: _____ E-mail: _____

Child's First Name: _____ Sex: M F Age: _____ Grade: _____

Child's Last Name: _____ Date of Birth: _____

Child's Address: _____ City: _____ Zip: _____

Are you playing select or all-star baseball at this time? _____

Shirt Size:

Youth:

XS (2-4) SM (6-8) MED (10-12) LG (14-16)

Adult: S M L XL XXL

Which league are you signing up for:

3-4 yr Tee Ball

5-6 yr Tee Ball

7-8 yr Coach Pitch Baseball

9-10 yr Machine Pitch Baseball

11-12 yr Baseball

Make Checks Payable to:

Hinds County Youth Baseball Association

Paid: \$ _____ Check Cash

Contact:

Susan Tullos at (601) 940-8465

Hiram Haney at (601) 259-9996

WE ARE NOT A SELECT LEAGUE

Consent:

I, the parent/guardian of the minor, agree that the registrant and I will abide by the rules of the Hinds County Youth Baseball Association, recognizing the possibility of physical injury associated with sports and in consideration for the Association accepting the registrant for its baseball program and activities, I hereby release, discharge, and/or otherwise relieve the above named party, their designated leadership and personnel, including the owners of the fields and facilities utilized for participation in the program.

Sign: _____

Date: _____

Volunteers and Sponsors Needed

If you would like to help, please print your name below and place a check in the appropriate box(s).

Coach Assistant Coach

Sponsor Team Mother

Shirt Size for Coach/Assistant Coach Adult:

S M L XL XXL