

ADULT –

S M L XL XXL

YOUTH –

S M L XL

****To be completed by LZBSA league official****	
League: _____	Date App. Filed / /
League Age: _____	Amt. Paid _____
2011 Team: _____	Check No. _____
League Official: _____	Check Amt. _____
	Birth Cert: _____

LZBSA 2012 REGISTRATION

Player's Name: _____ () Male () Female

Birthdate: _____ Sport Registering for: Baseball _____ Softball _____

What league did child play in last year? _____ Registering for travel? _____

Player's Address: _____

City: _____ Zip: _____

Does this participant live in the Lake Zurich district? Yes _____ No _____

Player's Home Phone Number: _____

PARENT /GUARDIAN INFORMATION

Parent/Guardian 1 Information --

Parent/Guardian First & Last Name: _____

Parent/Guardian Home Phone: _____ Cell Phone: _____

Parent/Guardian Email: _____

Parent/Guardian 2 Information--

Parent/Guardian First & Last Name: _____

Parent/Guardian Home Phone: _____ Cell Phone: _____

Parent/Guardian Email: _____

VOLUNTEER OPPORTUNITIES

Each year you have the opportunity to volunteer your time. These opportunities include, but are not limited to: Manager, coach or team parent. If you would like more information about these opportunities, please contact a league official.

Would you like to volunteer to help with the LZBSA? YES _____ NO _____

If yes, which volunteer opportunities are you interested in? Which Parent/Guardian, #1 or #2 _____

Manager _____ Coach _____ Team Parent _____

Sponsor _____ Tournament _____ Opening Day _____

ADDITIONAL PLAYER INFORMATION

School: _____ Grade: _____

Does child play in any spring sport? Yes _____ No _____

If so, which sport? _____ T shirt size? _____

Is there a pairing request? List names. _____