MADISON HEIGHTS YOUTH BASEBALL ASSOCIATION
2012 SEASON CONTRACT

PLAYERS NAME ____________________ ____________________ ____________________
FIRST NAME **FULL MIDDLE NAME** **LAST NAME**

PLAYERS ADDRESS ____
STREET

____
CITY STATE ZIP CODE

PLAYERS DATE OF BIRTH _____/_____/______ PLAYERS CURRENT AGE ____

____________________ ____________________ ____________________
HOME PHONE # FATHER'S WORK or CELL # MOTHER'S WORK or CELL #

Did you play in the MHYBA spring program last year? ____YES ____NO

If yes, what team? ____

If no, did you play in another baseball program last year? ____YES ____NO

If yes, what program? ____

Do you have a brother or sister playing in the MHYBA program this year? ___YES ___NO

If yes, players name(s)____________________________________ Date of Birth____________

____________________________________ Date of Birth____________

I agree that all above information is correct.

____________________________________ ____________________________________
Parent / Guardian **Signature** Parent / Guardian **Printed** Name

____
Today's Date

Do not write below this line.
To be completed by league official.

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LEAGUE AGE ________ AMOUNT OF REGISTRATION FEE PAID_____________

REGISTRATION FEE ACCEPTED BY________________________

LEAGUE AGE IS DEFINED BY THE AGE OF THE PARTICIPANT AT 12:00 MIDNIGHT ON APRIL 30th