Charlotte Stampede

Middle School Player Information Form

Players Name: _____ Nickname: _____

Date of Birth: _____ Grade: _____

Address: _____

City: _____ Zip code: _____

Parent/Guardian Name/s: _____

Home Phone: _____ Cell: _____

Email Address/s: _____

Emergency Contact Name: _____ Phone Number: _____

Relationship: _____

Baseball Background Information

Throws R/L: _____ Bats R/L/S: _____

Baseball Experience (List level of play, ex. Tournament ball, Rec. ball, All Stars): _____
_____

Pitching Experience Y/N: _____ Level of Experience:_____
_____

Catching Experience Y/N:_____ Level of Experience: _____
_____

Positions Played: _____
_____

Experience at position/s:_____
_____

Player's baseball aspirations or goals: _____
_____
_____