



Quad City A's 2020 Youth Baseball Registration Form

Player's **FULL** Name _____ Age _____ DOB _____
Address _____
City/State/Zip _____
E-mail _____
Parents Full Name _____
Father _____ Mother _____
Home Phone _____ Work Phone _____ Cell Phone Mother _____
Father _____

What team (Age Group) are you trying out for? (circle)

7U 8U 9U 10U 11U 12U 13U 14U

School Currently Attending:

Alleman Jordan Seton Our Lady of Grace Other (please list)

Playing Experience - Last Three Teams

Team Name _____ League _____
(3) positions most played _____
Years played _____
(example - 2010 - 2013)

Team Name _____ League _____
(3) positions most played _____
Years played _____

Team Name _____ League _____
(3) positions most played _____
Years played _____

Does your son have any medical conditions, allergies or other problems? If YES, please explain: _____

Players who have been selected for the Quad City A's 2020 season will be notified by the coach/manager no later than July 24th, 2019. Teams will be posted on the Quad City A's website no later than August 2019.

