

Dear Parents,

We are having T-Ball, Baseball and Softball registration this week. Please complete the form (one per child) and return to school by Monday, March 7th, 2011 to the school office. The fee is \$30 per child, max of \$50 per family on or before this date. **There will be a \$10 late fee per family for registrations after this date.** Please make checks payable to St. Rose Youth Association. We will hand out uniforms at a later date. The Youth League website page has been updated. View it at www.strosetdev.com

St. Rose Youth League Registration/Health Form
(Please fill out one for each child)

Child's name _____	
Circle One Male Female	Date of Birth _____
Current Grade _____	Current Age _____
Parent/Guardian Name _____	
Home Phone _____	Cell Phone _____
Text Phone #(s) _____	
Address _____	
E-mail Address _____	
Physician's Name and Phone _____	
Interested in coaching? Practice _____ Game _____	
Will your child play on 2 teams if needed? Yes _____ No _____	
Are you (know someone) willing to umpire? Yes _____ No _____	
BOYS ONLY	Pants Size Youth XS S M L XL
	Pants Size Adults S M L
Parent authorization: In the event I cannot be reached in an emergency, I hereby give permission to the physician named above, or if my physician is not available, to the physician selected by the adult in charge, to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child as named above.	
Parent Signature _____	
Date _____	
Payment Type (Circle One): Check # _____ -OR- Cash Amt Paid: _____	