



The Sandlot Baseball and Softball Academy of South Jersey

E-Mail: info@sandlotsjersey.com Mail to: 368 Berlin-Cross Keys Rd. #C, Sicklerville, NJ 08081 or Call 856-719-0111

3 – 4 YEAR OLD LEAGUE REGISTRATION FORM

Name: _____ Age: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Cell Phone: _____

Parent/Guardian Name: _____ Email: _____

Emergency Contact Number: _____ T-Shirt Size: _____

Player Equipment Available for Purchase

7% Sales Tax will Be Applied to Equipment Purchases

Safety Ball and Bat - \$15.00: _____

9" Youth Glove - \$15.00 _____

Please Circle One: Throws-Right OR Throws-Left

Payment Method - \$95.00 per player

Cash: _____ Check: _____ Gift Certificate: _____

Credit Card Number: _____ Expiration Date: _____ CVC#: _____

Name on Card: _____ Signature: _____

Parental Authorization

I hereby authorize the staff at the Sandlot Baseball Academy to act in their best judgment in any emergency situation requiring medical attention. I agree to waive and release the Sandlot Baseball Academy and its staff from any and all liability for any injuries, losses or damage while attending a Sandlot Baseball Academy Clinic, Lesson, or Program. I further state that the participant listed above is physically able to participate in the above listed clinic, lesson or program.

Signature Parent/Guardian: _____ Date: _____