



2017 FALL SEASON ADULT (Age 16 and up) ANGEL BASEBALL PROGRAM



PO Box 903 ROCKWALL, TX 75087

972-722-6001

Fax 972 771 9681

email: info@angelleague.org

**IT IS BEST THAT YOU REGISTER ONLINE AT WWW.ANGELLEAGUE.ORG
WE DO ACCEPT THIS FORM IF YOU DO NOT HAVE INTERNET ACCESS**

ADULT'S INFORMATION

(This information is not given out or used for any purpose other than the Angel League.)

Player's Legal Name _____ Nickname _____

Date of Birth: _____ Mo _____ Day _____ Yr His/Her current age _____

Does he/she attend school? _____ in what School Dist? _____

List Player's Mental Disability _____

Is your player returning from a previous season on the Red Team? Yes _____ No _____

Uniform sizes (*Please CIRCLE the appropriate answers*). Returning players see following note

Prior Player? My player has a complete uniform and needs no new items issued this fall _____

Jersey: Adult. Sm Adult Med Adult. Lg XL XXL XXXL

Pants: Adult Sm Adult Med Adult. Lg XL XXL

Hat: Adult **Socks:** Adult

Game Dates Sep 6-13-20-27 Oct 4(#)-11-18-25 Nov 1(*)

*Picture Night Oct 4th (Rain or Shine) *Banquet Nov 1st (Rain or Shine)

PERMISSION & RELEASE FORM (PLEASE PRINT)

I (we) agree that our son / daughter / ward, _____ may participate in the Angel Baseball Program for the Fall Season of 2017 sponsored by the Kiwanis Club of Rockwall County and the Rockwall Parks & Recreation Department. In addition, I (we) give my (our) permission to the Kiwanis Club of Rockwall County to use any photographs/video/images taken during the Angel League T-Ball program of our player on flyers, web site, TV or in the newspaper for purposes of promoting the Angel League T-Ball program. I (we) further agree to hold harmless the Kiwanis Club of Rockwall County, the Rockwall Parks & Recreation Department and any co-sponsors in case of an accident involving our above named child while participating in the Angel League Baseball Program.

Signature of Parent/Guardian _____ Date: _____

Mailing address _____ City _____ TX , Zip _____

Mother's Name: _____ Father's Name _____

Home Phone _____ Home Phone _____

Work Phone _____ Work Phone _____

Email * _____ Email * _____

ALL REGISTRATIONS HANDLED ONLINE - CALL 972 722 6001 FOR ASSISTANCE