



2017 FALL SEASON ANGEL BASEBALL PROGRAM

214 E RUSK, ROCKWALL, TX 75087
972-722-6001 Fax 972 771 9681

email: info@angelleague.org



IT IS BEST TO GO ONLINE TO WWW.ANGELLEAGUE.ORG TO SIGN UP BUT WE DO ACCEPT THESE FORMS IF YOU DO NOT HAVE INTERNET ACCESS

CHILD'S INFORMATION

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

Child's Legal Name _____ Nickname _____

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

Child attends what school _____ in what School Dist? _____

List Child's Disability _____

Is your child a returning player from a previous season? Yes _____ No _____

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

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

Jersey: Small Medium Large Adult. Sm Adult Med Adult. Lg XL

Pants: Small Medium Large Adult Sm Adult Med Adult. Lg XL

Hat: Youth Adult

Socks: Small Child Medium Large (Adult size)

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

*Picture Night Oct 4th (Rain or Shine) *Banquet Nov 1st (at Myers Community Room)

PERMISSION & RELEASE FORM

I (we) agree that our child, _____ 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 child 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 * _____

- Only list your email if you check email daily

Registrations are all handled online – Call 972 722 6001 for assistance