



2017 SPRING 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 Mar 22, 29 Apr 5, 12, *19, 26 May 3, #10

*Picture Night Apr 19th (Rain or Shine) *Banquet May 10th (Rain or Shine)

PERMISSION & RELEASE FORM

I (we) agree that our child, _____ may participate in the Angel Baseball Program for the Spring 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

PLEASE FAX, MAIL, SCAN AND EMAIL, OR DELIVER TO THE CONTACT INFO IN THE HEADER

JERSEYS FOR NEW PLAYERS ARE ONLY ORDERED AFTER THE FIRST ATTENDED GAME