

KINGS PARK YOUTH

KPY Baseball 2005 Registration

Players

Name: _____
Last First

Address: _____

Date of Birth: _____ Grade (as of Sept 04:) _____

Primary Contact Phone#’s: _____

Business/Cell Phone: _____

Mothers Name: _____ Fathers Name: _____

Email Address: _____

Special Requests: _____
(up to 2nd grade only)

Parent/Guardian Signature Required: I have read this form and understand in the event that my child quits, once uniforms have been distributed and teams have been formed, there will be NO REFUNDS! Furthermore, I / we agree to abide by all decisions rendered by the KPY Board and officials.

Parent/Guardian Signature: _____

I will Help as: Coach _____ Asst Coach _____ Team Moms / Dads are **NEEDED** _____

(The KPY Board must approve all coaches)

Fees: Baseball \$85.00 –Softball \$85.00

Baseball family maximum pricing \$ 225.00

Check or money order only, made payable to KPY

Full payment **must** accompany all registrations!!

Register by mail: Kings Park Youth PO Box 818 Kings Park NY 11754

CHECK KPY WEBSITE FOR DETAILS!

Baseball Commissioner: Shaun Leddy

KPY President: Don Quigley

Walk up Registration @ WT Rogers Middle School Cafeteria Wed. Jan. 12th and Wed.
Jan. 19th from 6:00 -7:30 PM

For Additional Information visit our web site www.kingsparkyouth.com

KPY ADMINISTRATIVE USE ONLY:

Name: _____ Date Received: _____ MO _____ Check _____ Check# _____ Amount _____