

Carolinas Baseball Center Registration Sheet

Player Name _____

Age of Player: _____

Are you a client or member of CBC: YES NO

Home Phone _____ Cell Phone _____

Email Address _____

Street Address _____

City _____ State _____ Zip Code _____

Birthdate _____

Parents Names _____

Parents Email Addresses _____

Parents Cell Phone(s) _____

Emergency Contact _____

Emergency Contact Phone _____

Session Signing Up For: Camps Clinics Hitting Leagues Speed & Agility Lessons
(Circle Session)

Date of Session: _____

Cost: _____

Method of Payment: _____