

 St. Andrew Academy 
Baseball

CHILD'S NAME: _____

Date of Birth: ____/____/____ AGE: _____ GRADE: _____ CCD: Y or N

Gender: _____ Shirt Size: _____

FATHERS NAME: _____

Home Phone: _____

Email Address _____

Cell/Work Phone: _____

MOTHER'S NAME: _____

Home Phone: _____

Email Address _____

Cell/Work Phone: _____

MEDICAL INFORMATION:

Allergies: _____

Medical Conditions: _____

Physician's Name: _____ Phone: _____

Emergency Contact: _____ Phone: _____

SIBLINGS: _____

****IF INTERESTED IN COACHING SEE COACHING REQUEST FORM****

ATHLETICS USE ONLY:

Member Fee _____ Concession Deposit/Fee **0.00** Sport Fee: **\$50.00** TOTAL: _____

Payment Type: Check # _____ Cash PD: \$ _____ Credit Card: _____

Uniform Deposit Check # _____ Received by: _____

❖ **NO REFUNDS AFTER LEAGUE FEES HAVE BEEN PAID TO CSAA.**

SIGNATURE OF PARENT OR GUARDIAN: _____ Date _____



Uniform Deposit Baseball

A \$50 uniform deposit is required before receiving uniform.

Please make the check payable to St. Andrew Academy. Your check will NOT be cashed. It will be held in a safe in the School Business Office until uniforms are returned, at that time your check will be returned to you. The uniforms must be returned in good shape. This policy was put into effect due to the decreasing number of uniforms being returned after each sport is over.

Please sign below and return to the uniform coordinator.

Child's Name: _____

Child's Grade: _____

Parent's Signature: _____

Date: _____

Check #: _____