

LONG ISLAND JR. DUCKS BASEBALL CLUBS  
PO BOX 1123 COMMACK NY 11725  
PHONE/FAX; 631-858-1132  
[www.ducksbaseball.org](http://www.ducksbaseball.org)

General Registration Form;

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PLAYER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ POSITIONS \_\_\_\_\_

BATS:: R L SW. Throws:: R L

EMAIL CONTACT \_\_\_\_\_

SCHOOL \_\_\_\_\_ Grad Year \_\_\_\_\_

TEAM ; 8U\_\_\_ 9U\_\_\_ 10U\_\_\_ 11U\_\_\_ 12U\_\_\_ 13U\_\_\_ 14U\_\_\_  
15U\_\_\_ 16U\_\_\_ 17U\_\_\_ 18U\_\_\_

FATHER NAME \_\_\_\_\_ CELL# \_\_\_\_\_

MOTHER NAME \_\_\_\_\_ CELL# \_\_\_\_\_

I, the parent or guardian of the above named player on the long island jr ducks baseball club, hereby give my approval to their participation in any and all club activities during the season , I assume all risks and hazards incidental to such participation , and I hereby waive , release , absolve , indemnify and agree to hold harmless the long island jr ducks baseball organization and its coaches and all sponsors.

PARENTS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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JERSEY Ys Ym Yl Yxl As Am Al Axl Axxl # Choices \_\_\_\_\_

PANTS Ys Ym Yl Yxl As Am Al Axl Axxl CAP S/M M/L L/XL