



TRI-STATE YOUTH BASEBALL ACADEMY, INC.

Application and Medical Form

2022

PLEASE PRINT

NAME: \_\_\_\_\_  
Last First Middle

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Ethnic Origin: Black \_\_\_\_\_ White \_\_\_\_\_ Hispanic \_\_\_\_\_ Native American \_\_\_\_\_ Other \_\_\_\_\_

Name of Parents/Guardian: \_\_\_\_\_

**Have you played on a team before?** Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, name of coach \_\_\_\_\_

**IN CASE OF EMERGENCY – CONTACT**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**INSURANCE INFORMATION**

Insurance Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Group No.: \_\_\_\_\_ Member ID No.: \_\_\_\_\_

**I certify that the above information is correct. I agree to hold harmless Tri-State Youth Baseball Academy, Inc. of all responsibilities in case of an accident or injury to the above named player.**

Signed by: \_\_\_\_\_  
Please print

Signature: \_\_\_\_\_

Date: \_\_\_\_\_