

Gravesend Athletic Associations

Registration Application

Our Lady of Grace Athletic Association
Gil Hodges Little League
Most Precious Blood Athletic Association

Please Complete Both Sides

This Application is for : Year _____ Baseball Basketball Softball

Players Name (Please print all information clearly)

Last: _____ First: _____ Mid: ___ Sex: ___

Address:

No. & Street: _____ City: _____ ST: ___ Zip: _____

Born: ___ - ___ - ___ Tel: (____) ___ - ___ Alt Tel: (____) ___ - ___

School: _____ Community Board #: _____

Parent Email: _____

Previous Experience:

Have you ever played any sport with Gravesend Athletic Associations? Yes No

Did you play Baseball, Basketball or Softball with any other organization

Last Year? Yes No If Yes, what organization? _____

Parent or Guardian Information:

Father/Guardian: _____ Living at home separated/divorced deceased
Not required if 18 or older

Mother/Guardian: _____ Living at home separated/divorced deceased
Not required if 18 or older

Participation: (your assistance is greatly needed and appreciated)

If interested in Managing, Coaching, Umpiring, or just General Help, Please complete the information below:

Manage Coach Umpire General Help

Name: _____ Tel: (____) ___ - ___

No. & Street: _____ City: _____ ST: ___ Zip: _____