



10U & 12U Scituate Cyclones Travel Softball Registration Form



CIRCLE ONE: 10U 12U

Most Recent Recreation League: _____

Previous Travel Team Name: _____ Years of Experience: _____

PLAYER INFORMATION

Last Name: _____ First Name: _____ Middle: _____

Address: _____ City: _____ State: _____ Zip: _____

Birth Date: _____ Weight: _____ Height: _____ Bats: R L Switch , Throws: R L

School: _____, Grade: _____ Positions Played: _____

PARENTAL INFORMATION

Fathers Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Email: _____

Mothers Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Email: _____

ADDITIONAL INFORMATION

JERSEY/SHIRT SIZE: _____ **SOCK SIZE:** _____

PREFERRED JERSEY NUMBER - 3 OPTIONS 1ST OPTION: _____ **2ND OPTION:** _____ **3RD OPTION:** _____

HEALTH CONCERNS OR ALLERGIES: _____

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SCITUATE GIRLS SOFTBALL
PO BOX 164
NORTH SCITUATE, RI 02857
EMAIL: SCITUATEGIRLSSOFTBALL@GMAIL.COM

Completed forms can be emailed to mrotondosgs@gmail.com,
Attention Coach Mike.