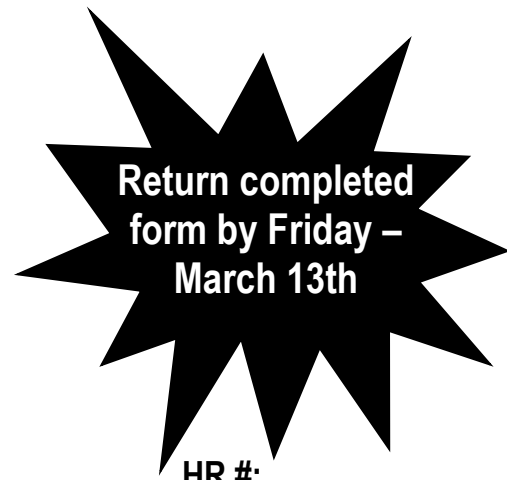




St. Rita School

Baseball & Softball Participation Information Form - Grades 6 - 8



Student Name: _____ Grade: _____ HR #: _____

Date of Birth: _____ / _____ / _____ Male/Female (Circle one)

Address: _____

Mother's Name: _____ Mother's Cell: _____

Mother's Email: _____

Father's Name: _____ Father's Cell: _____

Father's Email: _____

Years of Experience: _____

Present and Previous Teams Played on: _____

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Willing to coach (head coach or assistant)? Yes _____ No: _____

Name: _____ Cell: _____ Email: _____

Return forms by Friday, March 13th or email to athletics.stritaschool@gmail.com