



ST. HUGH - ST. ELIZABETH BASEBALL LEAGUE, INC.

P.O. BOX 1645, Huntington Station, NY 11746
631-673-6676 • www.sthughstelizabethbaseball.org

Spring Intramural

PARTICIPANT INFO:

First Name: _____ Last Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ E-mail: _____
Birth Date: _____ Age: _____
Current Grade: _____ School: _____
Gender: _____ Did you play last year? _____
Parent or Guardian Name: _____
Second Parent or Guardian Name: _____

PRIMARY CONTACT:

First Name: _____ Last Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ E-mail: _____
Emergency Contact Name: _____
Doctor's Name: _____ Doctor's Phone: _____
Medical Conditions or Allergies: _____

REGISTRATION FEES: Check # _____ Cash

First Child: \$150 Second Child: \$140 Third Child: \$130 K-Clinic (No Discounts): \$80
Late Fee: _____ Total: _____

Code of Conduct Signed Birth Certificate

VOLUNTEER TYPE:

Manager Coach Special Events Concession Stand Newsletter
 Terry Farrell Park
 Peter Nelson Park

**Note: Requests for manager/coach or carpools are not honored.
Request for refunds must be recieved in writing prior to 3/1.
www.sthughstelizabethbaseball.org**