



**FORT SMITH
BOYS & GIRLS CLUBS**

**6 TO 12 YEARS OLD
BASEBALL REGISTRATION**

>>>> For Official Use Only <<<<	
Date: _____	Registration Number: _____
Receipt Number: _____	Staff: _____
Players Age: _____	Grade: _____
Card # & Year: _____ 200__	
<input type="checkbox"/> Returner	Team: _____
<input type="checkbox"/> Draftee	

FOR OFFICIAL REGISTRATION IN THE FSBGC BASEBALL PROGRAM - FILL OUT ALL INFORMATION COMPLETELY

Check if you have a problem with transportation that prevents participation.
List the reasons for the transportation request on the back of this form.

Player's Information

>>>>> Please Print Clearly <<<<<<

Name: _____

FIRST

MIDDLE

LAST

NICKNAME

Age: _____ Birth Date: ___ / ___ / ___ Grade: _____ School: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Guardian _____	Phone: _____ / _____
NAME RELATIONSHIP	HOME WORK

Parent/Guardian _____	Phone: _____ / _____
NAME RELATIONSHIP	HOME WORK

Parent/Guardian _____	Phone: _____ / _____
NAME RELATIONSHIP	HOME WORK

Fort Smith Boys & Girls Club Membership Number: _____ - _____ 200__

Does this player plan to play for another baseball program during the FSBGC season? Yes No
If Yes, what day(s) of the week does the other program involve?

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Last Year's Team: _____

Last Year's League (Age Group): _____ Baseball Experience: _____

**RETURNING PLAYER IN ANY LEAGUE MUST PLAY FOR LAST YEAR'S TEAM
PLEASE CHECK THE APPROPRIATE AGE GROUP**

- T-Ball** 5 years old *Must be 6 On or Before September 15th*
or 6 years old cannot be 7 before April 30th
- Pee Wee** 7 or 8 years old cannot be 9 before April 30th
- Rookie** 9 or 10 years old cannot be 11 before April 30th
- Ripken** 11 or 12 years old cannot be 13 before April 30th

Discuss questions, problems, or any other aspect of the program with the coach, or a FSBGC staff member. Transportation participant(s) to and from practices and games according to the schedules and the FSBGC hours of operation. Members should bring thier FSBGC Membership Card with them each time they attend the Club. Contact the coach if the player is unable to attend a practice/game. Exhibit positive behavior when attending practices/games. Abuse of Umpires, Coaches, or FSBGC Staff will not be tolerated. Violators forfeit their involvement in the FSBGC program. Coaches and officials are not professionals, and donate their time voluntarily for the benefit of the participants.

I have read and agree to the above program information & give permission for the player listed above to participate in the FSBGC sponsored program.

Parent/Guardian Signature: _____ Relationship: _____ Date: _____



**FORT SMITH
BOYS & GIRLS CLUBS**

**13 TO 15 YEARS OLD
BASEBALL REGISTRATION**

>>>> For Official Use Only <<<<	
Date: _____	Registration Number: _____
Receipt Number: _____	Staff: _____
Players Age: _____	Grade: _____
Card # & Year: _____ 200__	
<input type="checkbox"/> Returner	Team: _____
<input type="checkbox"/> Draftee	

FOR OFFICIAL REGISTRATION IN THE FSBGC BASEBALL PROGRAM - FILL OUT ALL INFORMATION COMPLETELY

Check if you have a problem with transportation that prevents participation.
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Player's Information

>>>>> Please Print Clearly <<<<<<

Name: _____

FIRST

MIDDLE

LAST

NICKNAME

Age: _____ Birth Date: __/__/____ Grade: _____ School: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Guardian _____ Phone: _____ / _____

NAME

RELATIONSHIP

HOME

WORK

Parent/Guardian _____ Phone: _____ / _____

NAME

RELATIONSHIP

HOME

WORK

Parent/Guardian _____ Phone: _____ / _____

NAME

RELATIONSHIP

HOME

WORK

Fort Smith Boys & Girls Club Membership Number: _____ - _____ 200__

Does this player plan to play for another baseball program during the FSBGC season? Yes No
If Yes, what day(s) of the week does the other program involve?

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Last Year's Team: _____

Last Year's League (Age Group): _____ Baseball Experience: _____

**RETURNING PLAYER IN ANY LEAGUE MUST PLAY FOR LAST YEAR'S TEAM
PLEASE CHECK THE APPROPRIATE AGE GROUP**

- Prep** 13 years old cannot be 14 before April 30th
- Babe Ruth** 14 or 15 years old cannot be 16 before April 30th

Discuss questions, problems, or any other aspect of the program with the coach, or a FSBGC staff member. Transportation participant(s) to and from practices and games according to the schedules and the FSBGC hours of operation. Members should bring the FSBGC Membership Card with them each time they attend the Club. Contact the coach if the player is unable to attend a practice/game. Exhibit positive behavior when attending practices/games. Abuse of Umpires, Coaches, or FSBGC Staff will not be tolerated. Violators forfeit their involvement in the FSBGC program. Coaches and officials are not professionals, and donate their time voluntarily for the benefit of the participants.

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Parent/Guardian Signature: _____ Relationship: _____ Date: _____



**FORT SMITH
BOYS & GIRLS CLUBS**

**16 TO 18 YEARS OLD
BASEBALL REGISTRATION**

>>>> For Official Use Only <<<<	
Date: _____	Registration Number: _____
Receipt Number: _____	Staff: _____
Players Age: _____	Grade: _____
Card # & Year: _____ 200__	
<input type="checkbox"/> Returner	Team: _____
<input type="checkbox"/> Draftee	

FOR OFFICIAL REGISTRATION IN THE FSBGC BASEBALL PROGRAM - FILL OUT ALL INFORMATION COMPLETELY

Check if you have a problem with transportation that prevents participation.
List the reasons for the transportation request on the back of this form.

Player's Information

>>>>> Please Print Clearly <<<<<<

Name: _____

FIRST

MIDDLE

LAST

NICKNAME

Age: _____ Birth Date: ___/___/___ Grade: _____ School: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Guardian _____ Phone: _____ / _____

NAME

RELATIONSHIP

HOME

WORK

Parent/Guardian _____ Phone: _____ / _____

NAME

RELATIONSHIP

HOME

WORK

Parent/Guardian _____ Phone: _____ / _____

NAME

RELATIONSHIP

HOME

WORK

Fort Smith Boys & Girls Club Membership Number: _____ - _____ 200__

Does this player plan to play for another baseball program during the FSBGC season? Yes No
If Yes, what day(s) of the week does the other program involve?

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Last Year's Team: _____

Last Year's League (Age Group): _____ Baseball Experience: _____

**RETURNING PLAYER IN ANY LEAGUE MUST PLAY FOR LAST YEAR'S TEAM
PLEASE CHECK THE APPROPRIATE AGE GROUP**

Sr. Babe Ruth 16 thru 18 years old cannot be 19 before April 30th

American Legion 16 or 19 years old cannot be 20 before January 1st

Discuss questions, problems, or any other aspect of the program with the coach, or a FSBGC staff member. Transportation participant(s) to and from practices and games according to the schedules and the FSBGC hours of operation. Members should bring the FSBGC Membership Card with them each time they attend the Club. Contact the coach if the player is unable to attend a practice/game. Exhibit positive behavior when attending practices/games. Abuse of Umpires, Coaches, or FSBGC Staff will not be tolerated. Violators forfeit their involvement in the FSBGC program. Coaches and officials are not professionals, and donate their time voluntarily for the benefit of the participants.

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Parent/Guardian Signature: _____ Relationship: _____ Date: _____