

Columbia Angels

Texas Select Baseball

Player Information & Information Consent Form

Please provide information for our records. The requested information will be used for team management, contact, rosters posted on the team Web site and player information submitted for tournaments.

Player Name: _____ Date of Birth: _____

Class: _____ High School: _____

Bats: _____ Throws: _____ Position: _____ Height: _____ Weight: _____

Parents: (Last, First & First) _____

Address: (Mailing) _____

Phone Numbers:

_____	Home – Primary	_____	Home 2		
_____	Work (Dad)	_____	Work (Mom)	_____	Fax
_____	Cell (Dad)	_____	Cell (Mom)	_____	Cell (Player)

Best contact number for last minute schedule changes: _____

Email: *Used for team information. List as many as desired (home, player, work, parents, etc.).*

Roster Information: *Used for tournament registration information and may be distributed to scouts, sponsors and marketing organizations as determined by tournament officials. You may specify the information provided.*

Phone Number: _____ Email: _____

I authorize the use of the information above for league and tournament registration requirements, team rosters maintained on the team Web site (ColumbiaAngels.com) and distribution to other players and parents within the Angels organization.

Parent Signature

Print Full Name

Date