



Streetsboro Junior Baseball Champion Division

Name _____ Home Phone _____

Address _____

City _____ State _____ Zip _____

Email _____ (for our use only)

Date of Birth _____ Height _____ Weight _____

In case of emergency, please list three (3) contacts:

Father _____ Home _____ Work _____

Mother _____ Home _____ Work _____

Other _____ Home _____ Work _____

Does your child experience any of the following?

Allergies _____ Convulsions _____ Seizures _____

Other (explain) _____

List any medications and dosages that your child is currently taking _____

Does your child have any life-threatening conditions? _____

Doctor _____ Phone _____

Dentist _____ Phone _____

Preferred hospital _____ Phone _____

I, _____ (the parent/legal guardian) of _____
give permission for my child to be treated at the nearest medical facility in case of an emergency. I understand that every attempt will be made to contact a parent.

_____ (parent/legal guardian) _____ (date)

There is a \$10 registration fee. Please make checks payable to:

SJB Champion Division

Please send your check and registration by March 28th, 2008 to:

**Dr. Sam Lewis
9304 S.R. 43
Streetsboro, OH 44241**

If you have any questions please call Dr. Sam at 330-422-1551.

Our first game will be May 17, 2008.

For more information go to:

SJBKIDS.COM

Please circle either youth or adult, and the correct size:

Shirt: Youth / Adult Small Medium Large X-Large XX-Large

Shorts Youth / Adult Small Medium Large X-Large XX-Large

Hat Youth / Adult

**Anyone Can Play,
Everyone Can Have Fun!**