



The Fort Bend Texans Baseball Club

www.FortBendTexans.com

2007 Player Registration

Please Print Clearly; Complete the Entire Form

Return To:

The Fort Bend Texans
17527 Sunny Trail Lane
Sugar Land, TX 77479
GM@FortBendTexans.com
(832)-886-1697

Players Name: _____

High School: _____ Graduating Class: 200 _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Age: _____ Birth Date: ____/____/____
 Born Jan. 1st, 1991 or Later (USA Baseball 16U) Born May 1st, 1990 or Later (16U)
 Born Jan. 1st, 1989 or Later (USA Baseball 18U) Born May 1st, 1988 or Later (18U)

	Home/Work Phone <i>Players phone will be contacted first</i>	Cell Phone	E-Mail Address <i>Team mailings will be sent to all addresses</i>
Player			
Mom's Name: _____			
Dad's Name: _____			

Shirt Size (Circle): SM M L XL XXL Height: ____--____ Weight: _____ Hat: SM M L/XL

2007 High School Team: Freshman/Sophomore JV Varsity Did Not Play

Also Playing Fall Ball with High School Fall Team Another Select Team _____

Positions Played: P C 1B 2B 3B SS LF CF RF Pitcher Only

Available to Pitch during Texans Tournament Play: Yes No

Bats: Right Left Throws: Right Left

Current Skills Coaches: Hitting Carter Mouton Smith None Other _____

Please indicate your current private lesson coach

Pitching Williams Hudek None Other _____

I recognize it is the player and parents responsibility to provide medical insurance coverage for the above player and that neither the Team, it's coaches, or Tournaments in which they participate carry such coverage and that they are not liable for any injury obtained by the players or financial responsibility of any kind. The signature below also provides for the release of the Team to authorize and provide emergency medical treatment for the player due to injury should a parent not be available. I further authorize the Texans to freely distribute photographs, game accounts, and other media associated with the players participation in Fort Bend Texan activities. We accept and agree to the policies and procedures of the Fort Bend Texans, including rules regarding player and fan behavior, scheduling and rescheduling of games, playing time, disciplinary actions, policy changes, and no refunds. See www.FortBendTexans.com for more information.

Medical Carrier: _____ Parents Signature: _____ Date: _____
Printed Name: _____

Policy Number: _____ Players Signature: _____ Date: _____

For Coaches Use Only

60YD	OF Arm	IF Arm	Fielding	Bunt	Skill Hit	Hit	Power	Att	OA

For Office Use Only 12U 14U 16U 18U Blue White Red Guest
 Registration Deposit Billing Entry Team Assignment Uniform Roster Update Form I Form II Form III