2025 Mount Ephraim Youth Athletic Association - Registration

Player's Name:	Date of Birth:
Address:	
City:	State: Zip:
I am registering for: Baseball Softball	Spring Fall Year: 2025
Shirt Size: Youth S M L XL Adult S M L XL XXL	Hat: Adjustable no size needed
Mother's Name:	Occupation:
Mother's E-mail:	Mother's Mobile Phone #:
Father's Name:	Occupation:
Father's E-mail:	_ Father's Mobile Phone #:
Emergency Contact:	Phone #:
Medical Conditions/Allergies:	
Cash/Check #	
Phillies Raffle Ticket Numbers:	Amount Owed:
Discounts: How many?Child	d(ren) name(s) and Division(s):
League Age: Division:	Team:
League Official:	Date:
League Comments:CODE OF CONDU	JCT ON OTHER SIDE OF FORM