

MARUCCI ELITE TEXAS ALL-STAR LEAGUE

SPRING 2020

PLAYER'S NAME: _____

DOB: _____

SCHOOL: _____

GRADE: _____

JERSEY SIZE: YS YM YL YXL AS AM AL AXL AXXL

(PLEASE CIRCLE ONE)

HAT SIZE: S/M L/XL

(PLEASE CIRCLE ONE)

PARENT/GUARDIAN NAME: _____

CELL: _____

EMAIL: _____

PARENT/GUARDIAN NAME: _____

CELL: _____

EMAIL: _____

ADDRESS: _____

WOULD YOU BE INTERESTED IN COACHING/VOLUNTEERING? ____ YES ____ NO

DOES YOUR CHILD HAVE A MEDICAL CONDITION THAT THE COACHING STAFF AND
VOLUNTEERS SHOULD KNOW ABOUT? ____ YES ____ NO

PLEASE EXPLAIN: _____

