



2019 THE NORTH JERSEY CARDINALS PLAYER PROFILE

NAME_____ DOB_____

ADDRESS_____ GRADE_____

_____ SCHOOL_____

_____ (HT)_____ (WT)_____

HOME PHONE_____ BATS_____ THROWS_____

CELL PHONE_____ POSITION_____

PLAYER E-MAIL_____

UNIFORM INFORMATION

SHIRT SIZE_____ PANT SIZE_____

NUMBER PREFERENCE (TOP 5)_____

PARENTS PROFILE

MOTHER'S NAME_____ EMAIL_____

FATHER'S NAME_____ EMAIL_____

As parent/guardian, I agree to allow my son to play for the NORTH JERSEY CARDINALS and understand that they nor the league are to be held responsible for any injury sustained while traveling to or from a game or any injury that may result from playing or practicing with the team.

PARENT'S
SIGNATURE_____

Credit Card #_____ EXP._____ CVC_____

The North Jersey Cardinals
39 Carillon Circle
Livingston, NJ 07039

Email Frankdasti33@hotmail.com with any questions.