



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.