



## 2020 THE NORTH JERSEY CARDINALS PLAYER PROFILE

NAME \_\_\_\_\_ DOB \_\_\_\_\_

ADDRESS \_\_\_\_\_ GRADE \_\_\_\_\_

\_\_\_\_\_ SCHOOL \_\_\_\_\_

\_\_\_\_\_ (HT) \_\_\_\_\_ (WT) \_\_\_\_\_

HOME PHONE \_\_\_\_\_ BATS \_\_\_\_\_ THROWS \_\_\_\_\_

CELL PHONE \_\_\_\_\_ PRIMARY POSITION \_\_\_\_\_

SECONDARY POSITION \_\_\_\_\_

PLAYER E-MAIL \_\_\_\_\_

### UNIFORM INFORMATION:

SHIRT SIZE: \_\_\_\_\_ PANT SIZE: \_\_\_\_\_ NUMBER PREFERENCE (TOP 5):  
\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### PARENTS PROFILE (Please check the box indicating primary email)

MOTHER'S NAME \_\_\_\_\_ CELL OR WORK \_\_\_\_\_

MOTHER'S E-MAIL \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ CELL OR WORK \_\_\_\_\_

FATHER'S E-MAIL \_\_\_\_\_

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  
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Livingston, NJ 07039  
Email [Frankdasti33@hotmail.com](mailto:Frankdasti33@hotmail.com) with any questions.