

**TOWN OF GENESEE PLAYER REGISTRATION  
2025**

Player's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Birth Date \_\_\_\_\_

Check one: Male \_\_\_ Female \_\_\_ Check one: Soccer \_\_\_ Baseball \_\_\_ T-Ball \_\_\_ Softball \_\_\_

Check or Cash only. No Credit Cards Soccer fee \$90.00 Baseball \$70.00 TBall \$50.00  
**Make check payable to Town of Genesee**

E-Mail address \_\_\_\_\_

**\*\*\* Whenever possible you will receive e-mails regarding practice times, games, cancellations and general information \*\*\***

I approve of my child participating in the Town of Genesee sports program and will assure that he/she will abide by the rules and regulations adopted by those conducting this program. I verify that the information on this registration form is correct and I am aware that participation in this program requires games away from our local residence. **No refunds will be issued.**

Parent/Guardian Signature \_\_\_\_\_

**Please sign after you print**

Date \_\_\_\_\_

School \_\_\_\_\_ Grade right now \_\_\_\_\_ Shirt size Youth \_\_\_ Adult \_\_\_

Special Requests \_\_\_\_\_

EMERGENCY CONTACT – other than name and phone number listed above

Name \_\_\_\_\_ Phone \_\_\_\_\_

Last year coaches name \_\_\_\_\_