



# JM FORCE REGISTRATION FORM

Please Print or Type

Name of Player: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parents Names: \_\_\_\_\_ Phone Home: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**INFORMATION: For 2012 Season**

(circle one): 8, 9, 10, 11, 12, 13, 14, 15, 16, 18 / BASEBALL OR SOFTBALL

Height:\_\_\_\_ Weight:\_\_\_\_ Throws: Right\_\_\_\_ Left\_\_\_\_ Bats: Right\_\_\_\_ Left\_\_\_\_  
Both\_\_\_\_

**Please answer the following to the best of your ability:**

1. The candidate has participated in AAU Baseball in the past. Yes\_\_\_\_ No\_\_\_\_  
If yes, name of club(s)\_\_\_\_\_ Year(s)\_\_\_\_\_

2. List the positions played in the past year. (Number 1 – 7 with 1 being the most often played)

Pitcher:\_\_\_\_ Catcher:\_\_\_\_ Outfield:\_\_\_\_ 1st Base:\_\_\_\_ 3rd Base:\_\_\_\_

Middle Infield: Shortstop:\_\_\_\_ 2nd Base:\_\_\_\_

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

Please make check payable to JM Sports Academy:  
Phone: 617-777-6258 / Website: [www.jmsportsacademy.com](http://www.jmsportsacademy.com)  
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