



Kalani Baseball

Player Information Form

Developing Excellence in Academics and Athletics

Fill out the form electronically, print it, then turn it in to any Kalani Baseball coach. Or, you can print out the form and then fill it out by hand. If you choose to do so, **please print clearly.**

Player

Last Name _____ First Name _____ Middle Initial _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Date of Birth ____/____/____

E-mail _____ Height _____ Weight _____

Hat size _____ Waist size _____ Shirt size _____ Shoe size _____ Shorts size _____ Jacket size _____

School

Middle School _____ Date Entered 9th Grade ____/____/____

GE Yes No ACT Score _____ SAT Score _____ GPA _____

Parents

Mother/Guardian First Name _____ Last Name _____

Business Phone _____ Cell Phone _____

Father/Guardian First Name _____ Last Name _____

E-mail _____ Business Phone _____ Cell Phone _____

Emergency Contact _____ Relationship _____

Phone Number _____

Insurance

Carrier _____ Policy Number _____