

**Katy American Little League Registration**

**FALL 2024**

**DATE** \_\_\_\_\_

**Player Name:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_

**Male or Female:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Neighborhood:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**Parent Information**

**Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email** \_\_\_\_\_

**Parent Information**

**Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Player Jersey Size:**

YXS YS YM YL YXL AS AM A L AXL 2XL 3XL

**Do you want to be a pool player: YES /NO**

**(Pool players are used when illness, injury, or other reasons cause a temporary shortage of players from a team)**

**\*Do you want to Head Coach? Yes / No**

**\*Do you want to Assistant Coach? Yes / No**

**\*Do you want to be a Team Mom Yes / No**

**(if YES to any above please provide) - FULL NAME: \_\_\_\_\_ DOB \_\_\_\_\_ DL # \_\_\_\_\_**

<b>KALL Staff Only</b>
<b>League Age:</b>
<b>Division:</b>

**Extra Items: (not required)**

**KALL T-Shirt \$15**

**Qty:** \_\_\_\_\_

**Size(s):** \_\_\_\_\_

**Snowcone Cup \$18**

**Qty:** \_\_\_\_\_

**Registration Fee \$**

**Extra Items \$**

<b>Total Due:</b>
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<b>*Special Requests: (requests will be granted in order of receipt, priority, and as long as spots are available)</b>

**\*Refund Policy: Refunds are not guaranteed, they will be reviewed and determined on case by case scenario**