

# Cardinals Baseball

2065 Whispering Woods Drive • Charlottesville, VA 22911  
Phone: (434) 531-5354 • Fax: (801) 681-0286 • www.PlayBallVA.com

**New Player Information Form:** If interested in joining **Cardinals Baseball**, which participates in the Charlottesville Men's Adult Baseball League's regular season, please fill out the following form and someone from the league will contact you soon. (\* indicates required field)

\*Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
\*Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
\*E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age as of next Dec 31: \_\_\_\_\_

<b>Do you have pro ball experience?</b>	<b>Baseball experience:</b>	<b>Throw:</b>	<b>Bat:</b>
<input type="checkbox"/> Yes	<input type="checkbox"/> Recreational	<input type="checkbox"/> Left	<input type="checkbox"/> Left
<input type="checkbox"/> No	<input type="checkbox"/> Babe Ruth	<input type="checkbox"/> Right	<input type="checkbox"/> Right
	<input type="checkbox"/> Pony		<input type="checkbox"/> Switch
	<input type="checkbox"/> High School		
	<input type="checkbox"/> American Legion		
	<input type="checkbox"/> College		

Last year playing baseball: \_\_\_\_\_ **Baseball skill level:**

Where last played baseball: \_\_\_\_\_  Novice

Positions played: \_\_\_\_\_  Recreational

Competitive

**Do you know someone who currently participates in the Charlottesville MABL, Inc or plays on the VA Cardinals?**

Yes

No

If "Yes," who?

**Are you willing to sign a liability waiver in order to participate?**

Yes

No

**Do you have medical insurance?**

Yes

No

**Other applicable information or comments:**

**Team Player Fees:** (Please Check One)  
Pay by check or credit card via Pay Pal.

- Fielders: **\$225.00** (\$235 if paid by credit card)
- Pitchers: **\$125.00** (\$135 if paid by credit card)