St. Louis Lightning Player Registration Form

Player's Name:_____

Date of Birth:_____ **Grade level (2025-2026):**_____

Player's School:_____**Jersey #**_____**2nd choice**_____

Player's e-mail address:_____

Player's Phone Number:_____

Primary Parent/Guardian Name:_____

Primary Parent/Guardian e-mail address:_____

Primary Parent/Guardian Phone Number:_____

Secondary Parent/Guardian Name:_____

Secondary Parent/Guardian e-mail address:_____

Secondary Parent/Guardian Phone Number:_____

Home Address:_____

How many years experience playing baseball?_____

What position(s) do they play? (circle all that apply) **Pitcher** **Catcher** **1st Base**

2nd Base **3rd Base** **Shortstop** **Outfield** **Not sure--I'm new to baseball**

Previous Teams/Organizations:_____

_____

Fee Payment Schedule:

November 30th : Uniform Fees + $100 Deposit Due

February 1st : Remaining Fee Balance Due

PayPal

Zelle

Scan in your banking app to pay.

Office Use Only:

Uniform fees paid_____ Deposit paid_____ ALL fees paid_____