

ATWATER BOMBERS BASEBALL CLUB

P.O. Box 1280 Atwater, CA 95301 School Enrollment Form

Note: Atwater Bombers will retain this form and any supporting documentation for their files only. Once completed this form will remain in effect unless the school enrollment changes.

This portion to be completed by Parent or	Legal Guardian:	Date:	, 2024
ORGANIZATION NAME: <u>ATWATER BOMBER</u>	S BASEBALL CLUB, a nor	-profit organization ID#	<u> </u>
Player/Student Name:			
	PLEASE PRINT NAME		
Date of Birth:			
DIVISION OF PLAY: BASEBALL	MINOR MAJOR	INTERMEDIATE	Ξ
PARENT OR GUARDIAN ADDRESS:			
PRINT NAME OF PARENT/GUARDIAN:			
PARENT/GUARDIAN SIGNATURE:			DATE:
This portion to be completed by school administrator, Principal, Vice Principal			
I,PLEASE PRINT NAME	of	CHOOL	
PLEASE PRINT NAME	NAME OF SO	CHOOL	
School, located at			
	PLEASE PRINT ADDRESS WITH	ZIP CODE	_, CA
School Phone: (209)enrolled	hereby verify that th	e above-named stu	dent has
and is/or will attend the above-named school for the 2024/2025 academic year prior to October 15, 2024.			
Signature:	Title:	TITLE	
SIGNATURE		TITLE	

This document is the property of Atwater Bombers Baseball Club for the intended purpose of eligibility determination and age verification. This document and its contents are confidential and will not be shared or distributed to any outside entity.