

Semerano Power-Arm Registration Form

Player's Name: _____

Grade: _____

I am registering for (circle one or both)

Off Season Phase

Pre-Season Phase

Health Issues we should know about:

Phone #: _____ **Email:** _____

Guardian's Name Print: _____

Guardian's Signature: _____ **Date:** _____

Please Make Check Payable to: Big League Talent

Mail to: Big League Talent

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Brick, NJ 08724