

Twin City Baseball Softball Club

Club Membership Form

Thank you for considering Twin City Baseball and Softball for your player's baseball or softball experience. We offer multiple memberships opportunities that fit any family budget. Below are the memberships we offer as well as some benefits. Please fill out the Membership form below and mail or bring in your form and join the Twin City Family.

Membership Information

\$150 – 3 Month Family Membership

\$275 – 6 Month Family Membership

\$500 - 1 Year Family Membership

Membership Benefits

Discounts on Individual or Group Lessons, Clinics and facility Rentals.

Free Cage Rentals with scheduled time

Open Hitting

Make Checks Payable to:

Twin City Baseball and Softball Club

Send Form to or Drop off at:

Twin City Baseball and Softball Club

3905 M-139, Suite #111

St. Joseph, Michigan 49085

(Please Fill Out Form Below)

Twin City Baseball Softball Club

Club Membership Form

Player Information

Last Name: _____ First Name: _____

Street Address: _____ Apartment/Unit # _____

City: _____ State: _____ Zip Code: _____

Telephone #: () _____ - _____ Email Address: _____

Date of Birth: ____ / ____ / ____ Sex: _____ Bats: R / L / Both Throws: R / L

Primary Positions: 1. _____ 2. _____ 3. _____

Do you play in a Recreational League: Y / N If Yes, What League? _____

Do you or did you play for a Travel Program: Y / N If Yes, Which Program _____

3 Month Membership

6 Month Membership

1 Year Membership

Consent For Medical Treatment & Liability Release

I verify that my son/daughter has been checked by a licensed physician and is physically able to participate in physical activity at Twin City Baseball and Softball Club. As the Parent/Guardian of the above named player. I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions necessary to preserve the life, limb, or well-being of my dependent.

The undersigned does hereby agree to hold harmless and indemnify Twin City Baseball & Softball Club LLC, their officers, agents, coaches, assistants and employees, from any and all liability, loss, or expenses which are sustained, incurred, or required arising out of the actions of my son/daughter in the course of activities at Twin City Baseball and Softball Club.

Parent/Legal Guardian Signature: _____

Date: _____