Tball Softball Registration Form

Player Information

Player Name:_____ Birthdate:_____

Address:_____ Gender: Female_____ Male_____

Age as of January 1, 2025 League Age:_____ League Fee:____$50.00

City:_____ State:_____ Zip Code:_____

Phone:_____ Email:_____

Baseball _____ Softball_____

Parent / Guardian Information

Parent/ Guardian #1

Name:_____

Phone:_____

Email:_____

Volunteer: Yes_____ No_____

If yes, fill out Volunteer Application Form

Parent/ Guardian #2

Name:_____

Phone:_____

Email:_____

Volunteer: Yes_____ No_____

If yes, fill out Volunteer Application Form

Medical Information

Emergency Contact:_____ Insurance Carrier:_____

Relationship to player:_____ Phone:_____

Phone:_____ Policy:_____

Terms & Conditions

In consideration of the acceptance of my child's registration, I for myself, my executors, administration and assignees do hereby release and discharge the Anderson County Recreation Department, its employees, all coaches and associates for all claims of damage, demands, actions and injuries whatsoever in any manner arising or growing out of participation in this program. I/we assume all risks and hazards incidental to such participation including transportation to and from activities. I further authorize the Recreation Department, their coaches and officials to obtain medical attention for my child in the case of an emergency when a parent or guardian cannot be contacted. I realize that my child may be suspended or dismissed from the league at any time for unacceptable behavior or damage to property as determined by Park Director.

Signature of Parent / Guardian:_____

- No refunds will be given after players have been drafted and placed on a team.