

# T-Ball Registration Form

## Player Information

Player Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Age as of January 1, 2024 \_\_\_\_\_ League Age: \_\_\_\_\_ League Fee: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Parent / Guardian Information

Parent/ Guardian #1

Parent/ Guardian #2

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Volunteer: Yes \_\_\_\_\_ No \_\_\_\_\_

Volunteer: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, fill out Volunteer Application Form

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: \_\_\_\_\_

