



**WAKULLA COUNTY RECREATION DEPARTMENT
REGISTRATION AND PERMISSION FORM**

**PITCHING MACHINE
SPORT**

DATE

- In order for my child to be eligible to play this season, I certify that I have read and understand the following:
- \$45.00 REGISTRATION FEE (paid at time of player's registration)** – This will assist with the cost of the program.
 - I hereby certify that my child is the age shown below and meets the requirements as specified by the league regulations.
 - I understand that it is my responsibility to provide supervision for my child at all practices and games.
 - I agree, by signing below, to release and waive all claims except for willful and wanton acts, against the Wakulla County Recreation Department and the Wakulla County Board of County Commissioners.
 - I understand Baseball can be a contact sport, and injuries do occur. I authorize the coach / league representative to seek emergency medical attention for my child in the event an injury occurs in my absence.

PLEASE PRINT ALL INFORMATION CLEARLY!!

_____ PLAYERS NAME	_____ AGE	_____ DATE OF BIRTH	_____ HOME PHONE	_____ WORK PHONE
_____ EMAIL ADDRESS			_____ CELL PHONE	_____ CELL PHONE
_____ HOME ADDRESS		_____ CITY	_____ ZIP	
_____ PARENTS NAME		_____ PARENTS SIGNATURE		<input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL SHIRT SIZE
_____ SCHOOL NAME		_____ GRADE	_____ NAME OF AREA YOU LIVE IN	

ANY MEDICAL INFORMATION THE COACH SHOULD KNOW ABOUT

WHAT DIVISION: 7 - 8 years old

DID YOU PLAY LAST YEAR? YES NO **TEAM NAME?** _____

Is there a certain team or player you would like to be on the same team? _____
(NO GUARANTEES)

I REFUSE to participate with the following coach, player or area:

WOULD YOU OR SOMEONE YOU KNOW BE INTERESTED IN COACHING?
(Completed Criminal Background Check form will be required and submitted by WCRD)

_____ NAME OF INTERESTED COACH	_____ PHONE NUMBERS	_____ BEST TIME TO CALL
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FOR OFFICE USE ONLY:		
RECEIPT # _____	AMOUNT \$ _____	Cash / Check # _____

