



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

**PLAYER PITCH
SPORT**

DATE _____

In order for my child to be eligible to play this season, I certify that I have read and understand the following:

1. **\$45.00 REGISTRATION FEE (paid at time of player's registration)** – This will assist with the cost of the program.
2. I hereby certify that my child is the age shown below and meets the requirements as specified by the league regulations.
3. I understand that it is my responsibility to provide supervision for my child at all practices and games.
4. 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.
5. 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 _____ YS YM YL AS AM 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 _____

FOR OFFICE USE ONLY:

RECEIPT # _____ AMOUNT \$ _____ Cash / Check # _____

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03/12/13
10/07/13