WAKULLA COUNTY RECREATION DEPARTMENT
REGISTRATION AND PERMISSION FORM

_____ **DATE**

T - BALL **SPORT**

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

1. **$40.00 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: ☐ **4 – 5 years old** ☐ **6 – 7 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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