

CARTER LAKE PARK & RECREATION

**T-BALL** REGISTRATION FORM \$26.75

**PLEASE PRINT** PLAYER'S NAME: \_\_\_\_\_

HOME PHONE #: (\_\_\_\_) \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

Sex: \_\_\_ Male \_\_\_ Female BIRTHDATE: \_\_\_\_\_ AGE on April 30, 2020 \_\_\_\_\_

\*\*\*\*\* OFFICE USE ONLY \*\*\* BCOF \_\_\_ \*\*\* BROUGHT IN \_\_\_ \*\*\* NEED \_\_\_ \*\*\*\*\*

TEAMS WILL BE COED

5 & 6 year olds.

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**UNIFORM INFORMATION**

Please indicate the size your child needs this season:

**T-SHIRT:** **YOUTH:** \_\_\_ SMALL \_\_\_ MEDIUM **ADULT:** \_\_\_ SMALL \_\_\_ MEDIUM \_\_\_ LARGE \_\_\_ X-LARGE

**BALL PANTS:** **YOUTH:** \_\_\_ SMALL \_\_\_ MEDIUM \_\_\_ LARGE \_\_\_ X-LARGE

**ADULT:** \_\_\_ SMALL \_\_\_ MEDIUM \_\_\_ LARGE \_\_\_ X-LARGE

**SOCKS:** \_\_\_ YOUTH \_\_\_ INTERMEDIATE \_\_\_ ADULT

**Batting helmet: Can be purchased for additional \$20.00 \_\_\_\_\_ Check here.**

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This is to certify that I, parent or guardian of (insert your child's name) \_\_\_\_\_, a player on a Carter Lake league team, hereby grant permission to the adult coach, manager, or a Carter Lake league official to obtain medical care, at my expense, for the player named above from any licensed physician, hospital, or medical clinic at such time as either parent or legal guardian cannot be contacted in person or by telephone. This authorization shall include all league activities, games, and travel to and from those activities. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent. I also hereby waive, release, absolve, indemnify, and agree to hold harmless the City of Carter Lake, Carter Lake Park & Recreation, the organizers, supervisors, participants, officials, game fields, employees, and any persons transporting the player to and from those activities, for any and all claims arising out of an injury to the above named player.

PRINT YOUR NAME: \_\_\_\_\_ YOUR SIGNATURE: \_\_\_\_\_

Relationship to player: \_\_\_\_\_ Work # \_\_\_\_\_ Cell #: \_\_\_\_\_

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Are there any medical problems for this child that we should be aware of? \_\_\_\_\_

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PARENTS, CAN YOU BE: \_\_\_ A COACH? (Shirt size \_\_\_\_\_) \_\_\_ AN ASST. COACH? (Shirt size \_\_\_\_\_)

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**OFFICE USE ONLY:** CHECK # \_\_\_\_\_ PD CASH TOTAL PAID \_\_\_\_\_ DATE PAID \_\_\_\_\_