

For Office Use Only						
BC:	Yes	No				
Playing Age:						
League:						
Team:						
Reg. Pd.	:Yes	No				
Staff:						

2014 YOUTH FALL (4-6) T-BALL REGISTRATION

	City Resident: Non-City Resident:								
<u>League</u>	REGISTRATION			DRAFT DATE		FEE (Non-Resident)			
1. Minor T-Ball (4-6)	Fri., August 22 nd	, 2014		N/A		\$15.00 (\$20.00)			
TOTAL FEE INCLUDES A T-SHIRT									
	Shirt Size: YS	YM	_YL	YXL	AS				
AGE ON AUGUST 1st, 2014 DETERMINES PLAYING AGE									
Child's Name	D	ate of Birth_	/_	/B	irth Certif	icate No			
Address		Zip Code		Home Phor	ne	Cell			
Cell Phone Carrier (For Text	Alerts and Program Upda	ates): Verizo	n A	T&T Sp	orint	Other (Specify)			
Email Address					Male	e Female			
Did your child play city recreation baseball in Spring 2014? If so, what league? What team?									
Does your child have any me	dical or physical probler	ns? If	so, pleas	e explain					
School Attending Age on 8/01/14									
VOLUNTEER COACHES are	needed If interested n	ease sign hel	low:			BG Check			
	R COACHES are needed. If interested, please sign below: Address			Zip Code					
Home Phone									
All volunteer coaches will be asked to sign a consent form in order for a mandatory annual background check to be conducted!									
RELEASE OF ALL CLAIMS									
	onsideration for the City employees from any and	of Kingsport	providin	g recreation	al activitie	ues and promise to carefully abide es, I hereby release the City of y way arise out of my child's			
This release and waiver exter	nds to all claims of every	kind or natur	e whatso	ever, forese	en or unf	oreseen, known or unknown.			
I further state that I have carefully read the foregoing release and know its contents, and I sign my name as my own free act.									
						Data			
(Please PRINT parent / guard	ian name) ———— (Parti	cipant's pare	nt / guar	dian signatu	ıre)	Date:			