

**BROOK PARK RECREATION
2010
YOUTH T-BALL BASEBALL (AGES 3 TO 6)
-RESIDENTS ONLY-**

PLEASE PRINT CLEARLY:

NAME: _____ AGE (AS OF AUGUST 1, 2010): _____

ADDRESS: _____ BIRTHDATE: _____

PHONE # (HOME): _____ (WORK #): _____

PARENTS NAME (FATHER): _____ (MOTHER) _____

REGISTRATIONS WILL BE ACCEPTED UNTIL FEBRUARY 28TH

**EVERY PLAYER MUST REGISTER FOR THE LEAGUE
THEY BELONG IN ACCORDING TO THEIR CHRONOLOGICAL AGE**

Check ONE League only:

- | | | |
|-----------|-------------------------------|---|
| _____ 3-4 | Pee Wee T-Ball | Cannot be 5yrs. old on or before August 1 st |
| _____ 5-6 | Clinic T-Ball Mon. &/or Wed. | Cannot be 7yrs. old on or before August 1 st |
| _____ 5-6 | Advanced T-Ball Sat. mornings | Cannot be 7yrs. old on or before August 1 st |

PLEASE CIRCLE SHIRT SIZE: YS YM YL AS AM AL AXL

SEE INFORMATION SHEET FOR LEAGUE DESCRIPTION

FEES

REC MEMBER: \$27 NON-REC MEMBER: \$32

**ALL PARTICIPANTS WILL BE ACCESSED A \$10 LATE FEE AFTER FEBRUARY 28TH
NO REFUNDS UNLESS MEDICAL DOCUMENTATION IS PROVIDED**

PLAYERS NEW TO THE PROGRAMS MUST SHOW THEIR BIRTH CERTIFICATE
AT THE TIME OF REGISTRATION

I/We, the undersigned do hereby give approval for the above named to participate in the Brook Park Recreation T-Ball program; agree to assume all risks and hazards while participating in a scheduled game or practice session, including transportation to and from all activities; agree that neither the City of Brook Park Recreation Dept.; their agents or officers, nor any person or organization connected with this activity will in any way be held responsible or liable for any medical expenses that may be sustained; agree and state that the above named is covered by a Hospital/Medical Plan; and agree, upon request, to furnish the above person's Birth Certificate.

(Parent/Guardian Signature)

(Date)

For office use only

Date _____ Paid _____ Receipt # _____ Emp.Initial _____ BC Verified _____