

**THOMASTON-UPSON COUNTY RECREATION & PARKS DEPARTMENT
YOUTH PARTICIPANT REGISTRATION FORM
SPORT Teeball**

Name _____ Mailing Address _____

City _____ Inside ____ Outside ____ City Limits

Phone _____ Date of Birth _____ Age _____

Male ____ Female ____ Grade _____ School _____

Team Played on Last Year _____ Any Siblings playing T-Ball (name) _____

Is this player playing Spring Soccer in 2016? YES or No

Parent's Name _____ Email Address _____

Business Phone Father _____ Mother _____

Home Phone Father _____ Mother _____

Doctor _____ Phone _____

Child's Physical Condition _____

(List any physical or mental handicaps or diseases such as epilepsy, heart murmur, rheumatic fever, etc. which your child may have or any other special medical information which may affect your child's participation).

All Participants please select shirt size: This will be jersey/sock size ordered.

**Please select SHIRT SIZE: Youth S Youth M Youth L
Adult S Adult M Adult L Adult XL Adult 2X**

Girls select sock size: Small Medium Large

The Thomaston-Upson Recreation Department would like to notify parents/guardians that photos of individual players or teams will be taken for our sponsors and promotional projects.

I/We, the above parents of the above named child, hereby give my/our approval for their participation in activities during the current season. I/We assume all risks and hazards incidental to the conduct of the activities and transportation to and from activities. I/We do further hereby release, absolve, indemnify and hold harmless the Thomaston-Upson Recreation & Parks Department, the organizers of the activity, sponsors, supervisors any or all of them. In case of injury to my/our child, I/We hereby waive all claims against the organizers, the sponsors, or any of the supervisors appointed by them except to the extent covered by insurance. I/We do certify that our ward is covered by group accident or other comparable insurance.

I/We, the parents of the above named child, hereby give my/our permission to the person in charge of the activity to take my/our child to the doctor or hospital in case of injury. I/We understand I/We will be responsible for any and all cost incurred by emergency transportation or medical treatment provided.

PARENT'S SIGNATURE _____ DATE _____ RECEIPT NO. _____

NO REFUNDS AFTER TEE BALL LEAGUE DRAFT DATE
We cannot guarantee that all requests will be honored.

Registration fee includes jersey/cap for boys
Registration fee includes jersey/sock for girls.