

Peach County Parks & Recreation Department
Youth Baseball Registration Form

BOYS BASEBALL

(Ages 9 -17)

CHILD'S NAME _____ AS OF AGE (5/1) _____

STREET ADDRESS _____ PHONE 1: _____

CITY _____ ZIP _____ COUNTY: _____ PHONE 2: _____

EMAIL: _____ PHONE 3: _____

DATE OF BIRTH: MONTH _____ DAY _____ YEAR _____ SEX ___ M ___ F

SCHOOL _____ GRADE _____

CHOOSE
ONE SIZE



YOUTH			
XS	S	M	L
2-4	6-8	10-12	14-16

OR

ADULT				
S	M	L	XL	XXL
34-36	38-40	42-44	46-48	50-52

If no size is selected, the average size for your league will be ordered.

DO YOU HAVE A BROTHER OR SISTER PLAYING IN THE SAME LEAGUE & AGE GROUP? Y ___ N ___

If yes, name(s) and age(s) : _____

We, the parents of the above named child, hereby give our approval for his participation in the above named activity during the current season. We assume all risks incidental to the conduct of the activity and transportation to and from the activities. We do hereby release, absolve and hold harmless the Peach County Parks and Recreation Department, the organizers of the activity, sponsors, supervisors, and anyone connected with the program. In case of injury to my child, I hereby waive all claims against the organizers and supervisors of the activity. We agree to assume responsibility for any equipment issued to the above named child and see that it is returned at a time requested by the Parks and Recreation Department.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENT.

"I CERTIFY THAT THE FACTS CONTAINED IN THIS REGISTRATION FORM ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND THAT FALSIFIED STATEMENTS ON THIS FORM WILL RESULT IN DISMISSAL FROM THE PROGRAM AND FORFEITURE OF REGISTRATION FEES."

RECEIPT # _____ /R-F _____
BC _____
OKAYED BY _____
FEE: \$45.00
For Office Use only

I HAVE READ AND AGREE TO ABIDE BY THE
SPECTATOR'S CODE OF ETHICS,
WAIVER OF PICTURE/AGREEMENT, AND CONCUSSION DISCLOSURE

NO REFUNDS

PARENT OR GUARDIAN PRINT/SIGN

DATE

IF INTERESTED IN COACHING, ASK FOR APPLICATION

recreation@peachcounty.net