

Lynn Haven FallBall Registration Form 2010

Registration Fees: \$40 Lynn Haven Resident; \$49 Non-Resident (please circle your league)

Tee Ball: (Ages 5&6)	AA: (7&8)	AAA: (9-11)	Jr. Girls: (7-10)	Middle School _____ (11 -13)	Baseball Softball
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The league in which the child will play in is determined by the age of the child on **April 30, 2011**

Make Checks payable to **City of Lynn Haven. Please print clearly.**

Player's First Name: _____ Last Name: _____

Complete address: _____

E-mail: _____ DOB _____ Age as of Apr. 30, 2011 _____

Did you play here last year? _____ If yes, what age group and team? _____

If possible, would you like to return to the same team? _____ Any siblings in same age group? _____

Parent 1 Name: _____ Parent 1 Phone: _____

Parent 2 Name: _____ Parent 2 Phone: _____

Parent: Please check how you are willing to assist: Coach _____ Asst. Coach _____ Other _____

Emergency Contact: _____ Phone Number: _____

Consent and Release Form

I/We the Parents/Guardians of the above named youth, who is registering to play for the City of Lynn Haven youth sports, hereby give my/our approval for his/her participation in any and all activities of the Lynn Haven Youth Sports during the current season. I/We assume all medical costs, risks and hazards incidental to the conduct of the activities involved with this league. I/We do hereby release, absolve, indemnify, and hold harmless the City of Lynn Haven, the Organizers, Sponsors, Supervisors, Employees, Opponents, or any of the Coaches appointed by them. I/We likewise release from responsibility any person transporting my son or daughter to or from activities. I/We grant the City of Lynn Haven permission to post pictures and the name of our youth on the City of Lynn Haven Sports website (www.CityofLynnHaven.com).

Insurance Coverage: My child is covered by the _____ insurance company for all injuries resulting from participation in the baseball program.

Shirt Size: We are not responsible for sizing mistakes. The size circled below is the size that will be ordered for your child. If the size is marked wrong, the parent will be responsible for replacement. After uniforms are ordered, no refunds can be issued.

*Youth Small (6-8)

*Youth Medium (10-12)

*Youth Large (14-16)

*Adult Small

*Adult Medium

*Adult Large

*Adult X Large

No Pants provided for the Fall season.

I certify that all of the information above is true and correct.

Signature of parent or guardian

Date

Print name

Office Use Only

Base Fee Paid:\$ _____ User Fee:\$ _____ Insurance:\$ _____ Total:\$ _____

Date Paid: _____ Check # _____ Receipt # _____ Verified: _____