

**Guy Thompson**  
**Community Center**  
5629 Byrom St., Milton, FL 32570  
Phone: 850-983-5466



## BASEBALL REGISTRATION FORM

REGISTRATION FEE: \$85/CHILD

**NO REFUNDS AFTER YOU REGISTER - MAKE CHECKS PAYABLE TO: CITY OF MILTON**

**T-ball ages 5 – 6; Coach Pitch ages 7 – 8; Kid Pitch Baseball ages 9 – 14.**  
**(Age as of April 30, 2016)**  
Registration starts the first week of January & continues until the league reaches the maximum capacity of players or the end of February. Forms & payment will be accepted Monday - Friday 8 a.m. - 8 p.m. at the Guy Thompson Community Center, 5629 Byrom Street. **Your child is not registered until payment is made!**

Child's Legal Name: \_\_\_\_\_

Names of siblings registered in the same age group/division: \_\_\_\_\_

Male \_\_\_\_ Female \_\_\_\_ Age: \_\_\_\_ (Age as of April 30, 2016) Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

### PARENT AGREEMENT

*I, the parent or legal guardian of the above named child, give my consent for participation in all team activities during the season. I understand there is a risk of injury involved and I assume all risks and hazards incidental to such participation and waive, release, absolve, indemnify and hold harmless the City of Milton, the organizers, sponsors, supervisors and participants. **I also understand there are no refunds of the registration fee.** I understand that my child will be expected to attend all practices and games and it's my responsibility to ensure that he/she does so. I also assume the responsibility of providing my child the transportation needed. Should it be necessary for my child to miss a practice or game, he/she will follow the pre-set rules enforced by the team manager or coach.*

*In case of my absence or unavailability, I do hereby give my permission for my child to obtain emergency services by any active staff member or emergency personnel. I also assume full responsibility for the bill.*

By my signature below I understand and agree to all the above.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### BELOW FOR CITY USE ONLY

Amount Paid: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Initials of City Representative: \_\_\_\_\_