

# How to Register

Online: TALGOV.COM/Parks  
 In Person: Saturday, February 4, 2012  
 9am-12pm  
 See Registration Locations Below

Mail: City of Tallahassee PRNA  
 Attn: YOUTH BASEBALL  
 912 Myers Park Dr., Tallahassee FL 32301

\*All mail-in registrations must be postmarked on or before Thursday, February 3th  
 Please make checks payable to CITY OF TALLAHASSEE



## 2012 YOUTH REGISTRATION BASEBALL



**COST** \$ 31.00 ALL LATE REGISTRATIONS (AFTER 2/4) WILL BE CHARGED A \$10 LATE FEE  
 \$ 10.00 Optional Accident Insurance Policy. (Effective for all City athletic programs between August 2011– July 2012)

**AGE** A Player's age on April 30, 2012 is their "League" age (proof of age may be required)

**CHOOSE YOUR PARK LOCATION**

<input type="checkbox"/> Buck Lake	<input type="checkbox"/> Roberts	<input type="checkbox"/> Meridian
<input type="checkbox"/> Lee	<input type="checkbox"/> Winthrop	<input type="checkbox"/> McLean
<input type="checkbox"/> Levy	<input type="checkbox"/> Conley	<input type="checkbox"/> Deerlake
<input type="checkbox"/> Optimist	<input type="checkbox"/> Springwood	

**CHOOSE YOUR LEAGUE**

<input type="checkbox"/> Coed T-Ball (ages 5 & 6)
<input type="checkbox"/> Atom League (ages 7 & 8)
<input type="checkbox"/> Cub League (ages 9 & 10)

PLAYER'S NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_

PARENT NAME(S) \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_ SCHOOL NAME \_\_\_\_\_

HOME PHONE \_\_\_\_\_ OTHER NUMBERS \_\_\_\_\_ (please indicate)

DID YOUR CHILD PLAY IN THIS LEAGUE LAST SEASON? \_\_\_\_\_ IF YES, WHICH TEAM? \_\_\_\_\_

I WOULD YOU BE INTERESTED IN COACHING?  YES  NO DO YOU WANT INSURANCE?  YES  NO  
RECREATION ACCIDENT INSURANCE IS \$10.00 ADDITIONAL PAPERWORK MUST BE COMPLETED TO BE ENROLLED

I WOULD YOU BE INTERESTED IN ASSISTING?  YES  NO PLEASE CHECK YOUR CURRENT RESIDENCE:  CITY  COUNTY  OTHER

**PLEASE NOTE: In the event there are not enough teams in a park to form a league, location/park may be combined with others in order to form a league. In most cases, practices will be held at the same location you register, unless otherwise directed.**

**CARPOOLS:** Participants are only allowed ONE carpool request that we will attempt to accommodate. This must be a reciprocated request by the other participant. "Team" and/or "Coach" requests will not be considered.

NOTES: \_\_\_\_\_

It is agreed by the signature below that in the event my child is injured, disabled, or incurs disease of a temporary or permanent nature while participating, to waive all claims or liabilities against the City of Tallahassee and the Parks, Recreation and Neighborhood Affairs Department, Coaches and Staff. I certify and take full responsibility for the above information being correct to the best of my knowledge. Also by my signature, I agree to comply with the Parent Code of Conduct Pledge. The City of Tallahassee Parks, Recreation and Neighborhood Affairs Department reserves the right to photograph/videotape facilities, activities, and program participants for potential future use. All photos/footage will remain the property of the Tallahassee Parks, Recreation and Neighborhood Affairs Department and may be used for publicity or promotion purposes only. PLEASE SEE PARENT CODE OF CONDUCT FOR MORE INFORMATION.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

<b>OFFICIAL TPRNA USE ONLY</b>				BIRTH DATE VERIFY
DATE:	AMOUNT PAID:	RECEIPT #:	INITIALS:	