

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 SOFTBALL

912 Myers Park Dr., Tallahassee FL 32301

*All mail-in registrations must be postmarked on or before Thursday, February 2nd

Please make checks payable to CITY OF TALLAHASSEE



2012 YOUTH REGISTRATION SOFTBALL



COST \$31.00 Rookie, Minor, Major and Junior Slow Pitch
\$38.00 Major Fast Pitch
\$10.00 Optional Accident Insurance Policy. (Effective for all City athletic programs between August 2011– July 2012)
***ALL REGISTRATIONS (AFTER 2/4/12) WILL BE CHARGED A \$10.00 LATE FEE**

AGE A Player's age on December 31, 2011 is their "League" age (proof of age may be required)

(A player may register for only one league)

CHOOSE YOUR PARK LOCATION:

CHOOSE YOUR LEAGUE:

- Buck Lake Cobb Conley
 Levy McLean Meridian

- Rookie League (T-ball/Coach Pitch) (ages 6 - 8)
 Minor League (Coach/Player Pitch) (ages 9 & 10)
 Major Slow Pitch (ages 11 - 14)
 Major Fast Pitch (Player/Machine Pitch) (ages 11 & 12)
 Junior Slow Pitch (ages 14 - 17)

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 PARK and 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 _____

OFFICIAL TPRNA USE ONLY		BIRTH DATE VERIFY
DATE:	RECEIPT #:	
AMOUNT PAID:	CHECK #:	
	INITIALS:	