Hendersonville Parks Dept. Summer T-ball Registration

League : If child is playing age 5 select one: □ 5U or □ 6U
{playing age is as of April 30 of current year}

Name _____ Primary Phone _____
First MI Last

Address _____ City _____ Zip _____

D.O.B. ___/___/___ Playing Age _____ Shirt: YS YM YL AS AM AL XL XXL
o Male o Female **{Age on 4/30 of this year}** **Experienced Playing*:* Catcher or Pitcher**

Check PRIMARY contact
o Father_____ Cell _____ E-mail _____
o Mother_____ Cell _____ E-mail _____

Interested in Coaching? Yes_____ No_____ (If Yes, please **fill out separate coaching application**)

✓ Check that the child has or is playing, or never played before

	Playing now or has played before		Never Played Before

Do you have any other children participating in the Parks baseball program?

Yes _____ No _____ Name_____ Division_____ M_____F_____

Medical Alerts _____

Special Requests (If specific coach preferred or prefer child be placed on team with a friend. Please note that we try to fulfill these requests but do not guarantee all requests will be fulfilled):
_____
_____

WAIVER: I, parent or guardian of the above named candidate, hereby waive all claims against the City of Hendersonville, the Parks Department, and any other personnel involved in any injury or accident while participating in this program. I also grant permission to managing personnel or other representatives to authorize and obtain medical care should the above participant becomes ill or injured when neither parent or guardian is available to grant authorization for emergency treatment. I also certify that all information on this form is true. I understand that misrepresentation could result in suspension from the program. Lastly, by registering you give the Hendersonville Parks Department permission to us your child's picture on department authorized social media, newsletters and parks website.

I have read and understand all information outlined on this form and the League Information Sheet (Individual Player – Parent Information Sheet, 3 pages), made available to me at registration, including the sections "Special Requests", "Refund Policy" and "Waiting List". I agree to adhere to all rules of the league and all terms of all information regarding this league. I understand that I owe an additional fee if I do not reside in the city limits of Hendersonville.

_____ _____ _____
Parent or Guardian Signature *Relationship* *Date*

Entry Fee $ 110 (5u & 6u)

Out of City fee: $ 5
Late Fee: $ 10

Make checks payable to: **City of Hendersonville**
101 Maple Drive North
Hendersonville, TN 37075

Sign-up dates: Mar. 27 – Apr. 26 Office: Monday-Friday 8am – 4:30pm or online at hendersonvilleparks.org

----------***Office Use Only***----------

Proof of Birth Attached: o Birth Cert.
*(Proof of birth is **not** needed, **only** if child played in **Hendersonville Parks Dept** program in prior year, we do **not** share birth certificates with Civitan Baseball)*

Fee Paid $ _____ □ C.C. □ Cash □ Check # _____ Parks Dept. (initials) _____ Date: _____