

Sedalia Parks & Recreation ** 2019 T-BALL REGISTRATION FORM **

PARTICIPANTS:

Child's Name: _____ Circle One: MALE FEMALE

Birthdate _____ Age; _____

Address: _____ MO
Street City Zip

Primary Contact: _____
Email First/Last Name Phone # Relationship to Child

Secondary Contact: _____
Email First/Last Name Phone # Relationship to Child

T-SHIRT SIZE: CHOOSE CAREFULLY. If the wrong size is ordered, we charge \$20 for a replacement shirt.

Choose one: YOUTH SIZES: ___ XS (2-4) ___ S (6-8) ___ M (10-12)

Please list any allergies/medical conditions: _____

In registering my child for this activity, I hereby release the City of Sedalia, Sedalia Parks & Recreation Department and its agents from all liabilities for damages or injuries sustained while engaging in this activity.

Signature of Parent or Guardian Date

ONLY FILL OUT THIS SECTION IF YOU ARE VOLUNTEERING TO COACH:

Your Name: _____ Email: _____

Home Phone # _____ Cell # _____ Can receive text messages?

Yes No

Mailing address (if different than participant) _____

Shirt Size: (Choose One) ___ S ___ M ___ L ___ XL ___ 2XL ___ 3XL

Check the days of the week you **** CAN NOT **** hold practices:

___ Mon. ___ Tue. ___ Wed. ___ Thu. ___ Fri. ___ Sat. ___ Sun.

If you have specific requests regarding practice times, please list here: _____

We will accommodate requests as much as possible, but cannot guarantee specific practice times.

Assistant Coach request: (Please list name & phone number)