

## 2021 T-Ball / Youth Baseball Registration Form

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Male / Female (Circle one)

Street Address \_\_\_\_\_ Town \_\_\_\_\_ Zipcode \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Home Phone # \_\_\_\_\_ Date of Birth \_\_\_\_\_

T-Shirt Size \_\_\_\_\_ Youth / Adult (Circle One)

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

Parent(s) Work Phone: \_\_\_\_\_

Parent(s) Email: \_\_\_\_\_

Emergency Contact(Relationship): \_\_\_\_\_ Phone #: \_\_\_\_\_

Any Medical concerns / conditions: \_\_\_\_\_

(Please circle one)      T-Ball      Youth Baseball (Rookie)

**A copy of your child's birth certificate is required for participation (Minors & Majors), please include this with your registration form or bring it to the Skills Assessment Day.**

I give permission for my child to be photographed by WPRD staff and local newspaper staff, which may be used for publication in newspapers, the Wiscasset Parks & Recreation Department website and Facebook Page or program advertisements.

*I, the parent/guardian of the above named child, do hereby permit their participation in the 2021 Youth Baseball Program Sponsored by the Wiscasset Parks and Recreation Department. I am aware that neither the Town of Wiscasset nor the WPRD provide health or medical insurance to activity participants. I release the Town of Wiscasset, WPRD and the individuals conducting the above described activity from liability for any injury my child might sustain because of this activity.*

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

**This form is required so that the Coaches have all the information needed in case of an emergency, change in schedule or any other reason to notify you of information having to do with this activity.**

**Enjoy Baseball this Year!**

**Be a Sponsor, Volunteer Coach, Umpire or Team Parent!**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Position: \_\_\_\_\_

[www.wiscassetrec.com](http://www.wiscassetrec.com)

