

# Taylor County Recreation Registration Form

## Baseball / Softball / T-Ball 2021

(First Name) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_

DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address (E911) \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

*Child's Physical Condition:* \_\_\_\_\_

(List any physical or mental handicaps or diseases such as epilepsy, heart murmur, rheumatic fever, etc. which your child may have or any other special medical information which may affect your child's participation).

Health Insurance: YES or NO Name of Insurance: \_\_\_\_\_

**Boys Uniform size:**

**Shirt:** YS (6-8) YM (10-12) YL (14-16) AS (30-32) AM (34-36) AL (38-42) AXL (42-44) AXXXL (46-48)

**Pants Waist:** YXS (19") YS (22") YM (24") YL (26") YXL (30") AS (28") AM (30") AL (32") AXL (36") AXXXL (40")

**Girls 7 and up Uniform size**

**Top:** Girls Small Girls Med Girls Large Ladies Small Ladies Med Ladies Large Ladies XL LadiesXXXL

**Pants:** Girls Small Girls Med Girls Large Ladies Small Ladies Med Ladies Large Ladies XL LadiesXXXL

Participation fee for the 2021 season is **\$60.00** this includes the cost of uniforms. A service charge of \$40.00 will be charged for all returned checks.

I/We, the parent(s) of the above named child, do hereby certify to the Taylor County Recreation Board that my/our child is physically and emotionally fit to participate in the activity set forth above. I/We understand that participation requires practice, conditioning, and perseverance. Specifically, I/We recognize that participation in such activity requires physical and mental endurance, and that participation in the activity will require exertion on behalf of my/our child, and that such exertion includes, but is not limited to, cardiovascular and muscular exertion and effort.

I/We acknowledge that the Taylor County Recreation Board has not made, and cannot make, any determination that my/our child is medically fit to participate as set forth herein. The Taylor County Recreation Board recommends that any child participating in the activity set forth above receive a complete physical examination by a physician.

I/We acknowledge that I/We have provided the Taylor County Recreation Board with any special medical information which may affect my/our child's participation.

I/We, the parent(s) of the above named child, hereby give my/our approval for his/her participation in activities during the current season. I/We assume all risks and hazards incidental to the conduct of the activities as well as transportation to and from activities. I/We do further hereby release, absolve, indemnify and hold harmless the Taylor County Recreation Board, the organizers of the activity, sponsors, and supervisors from any and all claim or claims, of any nature whatsoever, whether at law or in equity, arising out of or in any way related to the activity set forth herein.

I/We, the parents of the above named child, hereby give my/our permission to the person in charge of the activity to take my/our child to the doctor or hospital in case of injury. I/We understand I/We will be responsible for any and all cost incurred by emergency transportation or medical treatment provided.

PARENT'S SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

**Above information must be filled out completely including complete name for Dixie Youth requirements.**

- In signing this you are assuming responsibility for the registration fee above.
- Due to Covid-19 our League will follow State and Local guidelines to play or not to play.
- Refunds will not be available if uniforms have been ordered and we cannot play.

**Office use only:** Check # \_\_\_\_\_ Cash \_\_\_\_\_ Receipt # \_\_\_\_\_