

PLEASE PRINT LEGIBLY

First Name _____ Last Name _____ Sex _____ Birth Date _____

Lives With (Guardian/Father/Mother/Both) _____ Age _____

Father/Guardian Information	Mother/Guardian Information
Name:	Name:
MAILING Address:	MAILING Address:
City/Zip Code:	City/Zip Code:
Home Phone: (Must Include Area Code)	Home Phone: (Must Include Area Code)
Work Phone: (Must Include Area Code)	Work Phone: (Must Include Area Code)
Pager/Cell Phone: (Must Include Area Code)	Pager/Cell Phone: (Must Include Area Code)

Medical Information/Allergies, etc.

In case of Emergency, we need the following information:

Doctor's Name: _____ Doctor's Phone Number: _____

Insurance Company: _____ Insurance Number: _____

School Child Attends: _____

Coaching or Team Preference: _____

Comments/Special Instructions: _____

T-shirt size: (check one)(there is no Youth XL, please select Adult Small) ***Please make sure shirt size is accurate!***

- Youth Sm Youth Med Youth Lg
 Adult Sm Adult Med Adult Lg Adult Xlarge Adult XXLlarge

Persons other than parent/guardian authorized to pick up my child (ID Required) -- Give Name - Relationship and Phone #:		
NAME:	RELATIONSHIP:	PHONE NUMBER:
_____	_____	_____
_____	_____	_____
_____	_____	_____

T-Ball Registration Form (Continued)

Child's First Name

Child's Last Name

I/We, the parents and/or guardian of the above named participant on an HCPR league team, hereby give my/our approval to participate in any and all league activities. I/We assume all risks and hazards incidental to such participation, including transportation to and from the activities, and I/we do hereby waive, release, absolve, indemnify and agree to hold harmless the Harrison County Parks and Recreation and its staff, the Harrison County Commission, property owners, sponsors, participants and persons transporting my/our child to and from activities; for any claim arising out of an injury or property damage to my/our child. The undersigned consents to any and all emergency medical treatment which may be deemed advisable by his/her physician or emergency squad. The intention being to grant authority for emergency transportation and to administer any examinations, diagnostic procedures, and treatment deemed necessary if contact cannot be made with Parent or Guardian. Parent or Guardian will be responsible for all costs incurred. The undersigned also assumes responsibility to read, acquire understanding of, and abide by all rules and program objectives and to inform the staff of all pertinent medical information for the participant. I/We agree to return upon request any equipment issued to my/our child in as good a condition as when issued except for normal wear and tear. I/We will furnish a copy of a birth certificate, and a copy of grade verification (when required) of the above named candidate to the HCPR staff at the time of registration.

During H.C.P.R. Sports Leagues, photographs or tapes may be made of the participants in the program. These might be used in the newspaper, on our website or in publicity about the program. Your answer does not affect your child's participation in the H.C.P.R. Sports Leagues. Please check which ones we may use:

_____ Photographs

_____ Video Tapes

Signature of Parent or Guardian

Date

<p>Harrison County Parks and Recreation is a non-profit organization that needs everyone's help in order to be successful and provide your child with both an enjoyable sports experience and a positive learning environment. Please check off any area in which you would like to contribute to the organization to benefit your child and the whole program. Thank You.</p>	
Father/Guardian _____ Team Coach _____ Team Assistant Coach	Mother/Guardian _____ Team Coach _____ Team Assistant Coach

***Remember: No one is ever turned away for the inability to pay. If you need assistance, please ask for a financial aid form at the time of registration.* **CHECKS MADE OUT TO:**

SHERIFF & TREASURER OF HARRISON COUNTY

**DO NOT WRITE BELOW THIS LINE
(For Office Use ONLY)**

CHECK OR MONEY ORDER ONLY WE CAN NOT ACCEPT CASH OR CREDIT CARD! Amount Due: \$20.00 Amount Paid:	MO Check #	Verified by/Date
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