



# 2022 SPRING LEAGUE REGISTRATION FORM

## Junior Major League 13 & 14 Year Olds Dizzy Dean Baseball

Players may only register in one Tallahassee Parks, Recreation & Neighborhood Affairs (PRNA) endorsed Baseball Program during this season (this includes the Babe Ruth Program). Players must register and play at the park for which they are zoned to be eligible for All-Stars. Please check the zone maps at Talgov.com/Parks to determine the proper park in which to register. If unsure of zoned park, questions about the program, or a player outside of Leon County call: 850 891-3875.

### REGISTRATION INFO

#### CAPITAL PARK

**IN-Person** Saturday, January 8; 1:00-3:00pm  
Thursday, January 13; 5:30-7:00pm  
Saturday, January 15; 9:00-11:00am  
Tuesday, January 18; 5:30-7:00pm

**ONLINE** Talgov.com/Parks

#### MERIDIAN PARK

**ONLINE** MeridianBaseball.com

#### TOM BROWN PARK

**ONLINE** Talgov.com/Parks

### WHO

13 & 14 year olds  
Players cannot turn 15 before May 1, 2022

### SEASON DATES

March 5 - Late May

### EVALUATIONS

Saturday, January 29 - Time TBA  
All Players should bring proper baseball equipment.  
Catcher's should bring their own gear.

### COST

\$85.00 payable to the park

League sponsored by: PRNA and Council of League Presidents of Tallahassee

PLAYER'S NAME \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

SHIRT SIZE \_\_\_\_\_ FIELD POSITION \_\_\_\_\_

OTHER SPRING COMMITMENTS \_\_\_\_\_

MEDICAL CONDITIONS \_\_\_\_\_

PARENT NAME \_\_\_\_\_ • PARENT NAME \_\_\_\_\_

ADDRESS/ZIP \_\_\_\_\_ • ADDRESS/ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ TXT # \_\_\_\_\_ • PHONE \_\_\_\_\_ TXT # \_\_\_\_\_

EMAIL \_\_\_\_\_ • EMAIL \_\_\_\_\_

ARE YOU INTERESTED IN BEING A: HEAD COACH \_\_\_\_\_ ASSISTANT COACH \_\_\_\_\_ RESIDENCY: CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ OTHER \_\_\_\_\_

By my signature below, I understand that participation in sports may cause injuries. I agree by my signature below that in the event my child is disabled, injured or incurs a disease of temporary or permanent nature that I will waive all daims or liabilities against the City of Tallahassee, City of Tallahassee Parks, Recreation & Neighborhood Affairs Department (PRNA), Council of League Presidents of Tallahassee (COLP), and Volunteer Park Associations. I hereby certify and take full responsibility that my child's age and address as shown above are correct and meets the requirement of league and zone rules indicated on this registration form. PRNA reserves the right to photograph/video facilities, activities, and program participants for potential future use. All photos/video will remain the property of PRNA and may be used for publicity or promotion purposes only.

**PARK USE ONLY**  
TEAM: \_\_\_\_\_  
AMT PD: \_\_\_\_\_  
CHK# \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_