



# 2018 FALL LEAGUE REGISTRATION FORM

## Senior Major League 15-19 Year Olds - Dizzy Dean Baseball

### INSTRUCTIONAL FALL BASEBALL PROGRAM

Senior Major League allows for teams to register. Individual registrations are also accepted and those players will be added to teams. Practices will be held at your registration location. Games may be played at any of the parks listed below.

### REGISTRATION DATES

Saturday, August 18; 9-11am  
Tuesday, August 21; 5:30-7pm  
Thursday, August 23; 5:30-7pm  
Tuesday, August 28; 5:30-7pm  
Wednesday, August 29; 5:30-7pm  
Thursday, August 30; 5:30-7pm

### WHERE

Tom Brown Park Concession Stand  
Aug 18, 21, 23 @ JML Concession Stand  
Aug 28, 29, 30 @ SML Concession Stand

### COST

\$95.00 payable to the Park at registration

### WHO

15-19 year olds  
Players cannot turn 20 before May 1, 2019

### EVALUATIONS

No evaluations. Individual players will be assigned to a team.

### SEASON DATES

2018 tentative Fall Season is  
Late September thru late November

### WHAT TO BRING

REGISTRATION: Registration Form  
Fee  
Copy of Birth Certificate

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

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

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

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 claims 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 \_\_\_\_\_