



BASEBALL

CHOOSE YOUR LEAGUE:

- Coed T-Ball (ages 4 - 6)
- Atom League (ages 6 - 8)
- Cub League (ages 8 - 10)

CHOOSE YOUR LOCATION:

- | | | |
|------------------------------------|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Buck Lake | <input type="checkbox"/> Levy | <input type="checkbox"/> Springwood |
| <input type="checkbox"/> Conley | <input type="checkbox"/> McLean | <input type="checkbox"/> Walker-Ford |
| <input type="checkbox"/> Deerlake | <input type="checkbox"/> Meridian | <input type="checkbox"/> Winthrop |
| <input type="checkbox"/> Lee | <input type="checkbox"/> Roberts | |

AGE: April 30, 2017. A child must be 4 yrs old by this date in order to play. This is also the League determining date.
A child has the option to play up a league but never play down.

COST: \$35.00 (\$45.00 after Feb. 4)

For those receiving public assistance, the Notice of Action letter from the Department of Children and Families, with current coverage dates, must be submitted at time of registration in place of the registration fee.

HOW TO REGISTER:

ON-SITE

2/04/2017 - 9-11am
AT LOCATIONS LISTED ABOVE

MAIL IN

912 MYERS PARK DR.
POSTMARKED BY 1/31/2017

DROP OFF

912 MYERS PARK DR.
DROP OFF BY 2/03/2017 5pm

ONLINE

TALGOV.COM/PARKS
(click ATHLETICS REGISTRATION at the bottom of the page)

PLAYER'S NAME _____ BIRTHDATE _____ AGE _____ GENDER M F

PARENT NAME(S) _____ EMAIL ADDRESS _____

ADDRESS _____ ZIP _____

PRIMARY PHONE _____ SECONDARY PHONE _____ (please indicate)

DID YOUR CHILD PLAY IN THIS AGE GROUP LAST SEASON? _____ IF YES, WHICH TEAM? _____

WOULD YOU BE INTERESTED IN COACHING? YES NO CURRENT RESIDENCE: SIBLING REGISTERED IN SAME AGE GROUP:

WOULD YOU BE INTERESTED IN ASSISTING? YES NO CITY COUNTY OTHER YES _____

SIBLING'S NAME

Please indicate if you would be willing to participate in a brief online survey to assess the benefits of youth sport participation for the Tallahassee community. Your participation will be extremely beneficial for developing strategies to boost social networking among parents to help increase youth participation. If you have any questions regarding this research project, please contact the research team at Florida State University led by Dr. Jason Pappas (jpappas@admin.fsu.edu, 850-728-9769) and Dr. Amy Kim (kamy@fsu.edu, 850-644-9560).

CARPOOLS: PRNA will honor carpool requests that fall within the following guidelines: Siblings in the same league are automatically placed together unless parents note otherwise. Only 2 players can be placed together for carpooling. Carpool requests must be noted on both players' registration forms to be considered. If one of the two players is a returning player to the same league, the carpool request will be granted, but the players will be assigned randomly to a new team. Carpool requests for late registrations will not be guaranteed. If you have any questions regarding this policy, please call PRNA athletics at 891-3866.

NOTES: _____

REFUNDS: Refunds will be given prior to the first scheduled game. No refunds will be considered once the season begins unless a player is injured and can no longer participate. A doctor's note must be submitted with the refund request. In this case, a prorated refund will be issued based on the number of games left in the season.

It is agreed by the signature below that in the event my child is disabled, or incurs disease of a temporary or permanent nature while participating, to waive all claims or liabilities against the City of Tallahassee and the Parks, Recreation and Neighborhood Affairs Department, Coaches and Staff. I certify and take full responsibility for the above information being correct to the best of my knowledge. Also by my signature, I agree to comply with the Parent Code of Conduct Pledge. The City of Tallahassee Parks, Recreation and Neighborhood Affairs Department reserves the right to photograph/videotape facilities, activities, and program participants for potential future use. All photos/footage will remain the property of the Tallahassee Parks, Recreation and Neighborhood Affairs Department and may be used for publicity or promotion purposes only. PLEASE SEE "WHAT HAPPENS NOW" FLYER FOR PARENT CODE OF CONDUCT.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

OFFICIAL PRNA USE ONLY

DATE:	AMOUNT PAID:	RECEIPT #:	INITIALS:	BIRTH DATE VERIFY
		CHECK #:		