



2017 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 <http://www.talgov.com/parks/parks-ybaseball.aspx> to determine the proper park in which to register. If unsure of zoned park, call 891-3866 for verification. Any player outside of Leon County must be referred to the PRNA office for park assignment.

REGISTRATION DATES

Tuesday, January 3; 5:30-7:00pm
 Saturday, January 7; 1:00-3:00pm
 Saturday, January 14; 9:00-11:00am
 Tuesday, January 17; 5:30-7:00pm

WHO

13 & 14 year olds
 Players cannot turn 15 before May 1, 2017.
 Players must NOT be registered with Babe Ruth Organization

REGISTRATION LOCATIONS

Capital Park, Meridian Park, & Tom Brown Park

EVALUATIONS

Saturday, January 21, 1:00pm

SEASON DATES

Saturday, March 4 through Late May.

WHAT TO BRING

REGISTRATION: Registration Form, Fee, Birth Certificate, & Proof of Residency (utility bill)
EVALUATIONS: All Players should bring proper baseball equipment including catcher's gear.

COST

\$75.00 payable to the Park at registration

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

PLAYER'S NAME _____ AGE _____ BIRTHDATE _____

RETURNING PLAYER TO THIS LEAGUE? YES _____ NO _____ IF YES, TEAM NAME _____

SHIRT SIZE _____ FIELD POSITION _____

OTHER SPRING COMMITMENTS _____

MEDICAL CONDITIONS _____

PARENT NAME _____ • PARENT NAME _____

ADDRESS/ZIP _____ • ADDRESS/ZIP _____

PHONE _____ ALT # _____ • PHONE _____ ALT # _____

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 _____