



2017 SPRING LEAGUE REGISTRATION FORM

Senior Major League 15-19 Year Olds

Dizzy Dean Baseball

Players can register at either location with All-Star eligibility, but cannot be registered with the Babe Ruth Organization.

REGISTRATION DATES

Thursday, March 2; 5:30-7:00pm
 Saturday, March 4; 10:00am-12:00pm
 Wednesday, March 8; 5:30-7:00pm
 Thursday, March 9; 5:30-7:00pm (TB ONLY)
 Saturday, March 11; 10:00am-1:00pm

REGISTRATION LOCATIONS

Messer Park and Tom Brown Park

SEASON DATES

May thru June

COST

\$95.00 payable to the Park at registration

WHO

15 - 19 year olds
 Players cannot turn 20 before May 1, 2017.
 Players must NOT be registered with Babe Ruth Organization

EVALUATIONS

Saturday, April 1, Time TBA
 Only new Senior Major League players must attend

WHAT TO BRING

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

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 _____