

Dr. A.L. Lott Sportsplex
Youth Baseball & T-Ball Registration
\$40.00

Male Female

Child's Name _____ Date of Birth _____ Age as of 8/1/2010 _____

Address _____

City _____ State _____ Zip _____

Parent Name(s) _____

Home Phone _____ Cell Phone _____ Work Phone _____

Did you play Baseball or T-Ball last year? YES NO

I am interested in Coaching a Team

I am interested in being an Assistant

CASH CHECK

AMOUNT PAID _____

RECEIPT NUMBER _____

Registration:

Registration Dates

Fees

March 1st - 12th

\$40

After March 12th

\$10 LATE FEE

Age Divisions (please check one)

5-6 (T-Ball Coed)

7-8

9-10

11-12

13-14

15 & up

*******T-Ball ONLY*******

Coach Request _____

Teammate Request _____

**ALL OTHER
DIVISIONS WILL
BE DRAFTED.**

SHIRT SIZE

YOUTH SMALL MEDIUM LARGE

ADULT SMALL MEDIUM LARGE X-LARGE 2X (\$2 more)

****T-Ball will NOT get pants**PANTS SIZE**T-Ball will NOT get pants****

YOUTH SMALL MEDIUM LARGE

ADULT SMALL MEDIUM LARGE X-LARGE 2X (\$2 more)

RELEASE BY PARENT OR GUARDIAN

I _____, am the natural parent and/or guardian of the minor child

(Parent)

_____ whose birthday is _____. By virtue of and in
(Child)

consideration of the city of Brookhaven and its department of recreation allowing my minor child to participate in the following recreational activity, to wit:

BASEBALL / T-BALL

I do hereby, on behalf of my minor child, release said city and department from any responsibility for any harm or injury, (or any liability, which may result there from) which said child may experience or suffer from while participating in or attending a recreational activity sponsored, operated or created by said city and department. I further recognize and acknowledge that the said city and department will provide no health and accident insurance for my child to cover my child from bodily injury he/she may suffer while participating in the city and department recreational activities. I have read and understand the above release and agree to its term.

Signed _____

Date _____