

## 2021 TINY TOTS T-BALL ENTRY FORM

Date \_\_\_\_\_

Registration Jan. -Mar.5

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NAME	AGE(As of 5-1-21)	DATE OF BIRTH
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PARENT'S NAME (Both)	(Home)	TELEPHONE	(work)	(Cell)	(Text)
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ADDRESS	CITY	ZIP	TEAM ON LAST YEAR
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Kindergarten, Day care, school attending	email address
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WOULD YOU LIKE TO BE A COACH? \_\_\_\_\_

(Head coach for first child half price \$22.50)

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PAID \$ 45.00	(Cash or check)	RECEIPT NO.
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*Payable to: Brookhaven Recreation Dept.*

CIRCLE ONE:

BOY OR GIRL

SHIRT SIZE:

YOUTH X-SMALL  
YOUTH SMALL  
YOUTH MEDIUM

**Tiny Tots T-Ball for ages 3 & 4.**

**Must be age 3 by May 1, 2021 and not age 5 before May 1, 2021.**

**OVER**

**RELEASE BY PARENT OR GUARDIAN**

I \_\_\_\_\_, AM THE NATURAL PARENT AND/OR  
PARENT  
GUARDIAN OF THE MINOR CHILD \_\_\_\_\_ WHOSE  
BIRTHDAY IS child \_\_\_\_\_.

BIRTHDAY  
BY VIRTUE OF AND IN CONSIDERATION OF THE CITY OF BROOKHAVEN  
AND ITS DEPARTMENT OF RECREATION ALLOWING MY MINOR CHILD TO  
PARTICIPATE IN THE FOLLOWING RECREATIONAL ACTIVITY, TO-WIT:

T-BALL

I DO HEREBY, ON BEHALF ON MY MINOR CHILD, RELEASE SAID CITY AND  
DEPARTMENT FROM ANY RESPONSIBILITY FOR ANY HARM OR INJURY,  
(OR ANY LIABILITY WHICH MAY RESULT THEREFROM) 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. THE  
RECREATION DEPARTMENT HAS PERMISSION TO USE ANY PHOTOGRAPHY  
TAKEN FOR PUBLICITY PURPOSES. I HAVE READ AND UNDERSTOOD THE  
ABOVE RELEASE AND AGREE TO ITS TERMS.

SIGNED \_\_\_\_\_

DATE \_\_\_\_\_