

# Youth Registration Form



One Per Child • Please print clearly • Return this form

## Youth Baseball Athletics Program

Fees: \$50 Resident, \$65 Non-resident

Child's Name: \_\_\_\_\_ Sex: M  F

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Height: \_\_\_\_\_  
As of 4/01/09

Child's Home Address: \_\_\_\_\_  
Street City Zip

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Mother's Home Phone #: \_\_\_\_\_ Father's Home Phone #: \_\_\_\_\_

Mother's Work #: \_\_\_\_\_ Father's Work #: \_\_\_\_\_

Mother's Cell #: \_\_\_\_\_ Father's Cell #: \_\_\_\_\_

Mother's Email: \_\_\_\_\_ Father's Email: \_\_\_\_\_

In case of emergency, call: \_\_\_\_\_ at \_\_\_\_\_  
Name/Relationship Phone #

Does your child have special needs? Yes  No  If yes, indicate disability or diagnosis: \_\_\_\_\_

Does your child take medication? Yes  No  List medications: \_\_\_\_\_

Practice Locations (check one):  Gaines Park

UniformSize: YS  YM  YL  AS  AM  AL  AXL

Would you like information on sponsoring a team?  Yes (\$300 / Team)

Would you like to coach a team?  Yes  No Assistant Coach?  Yes  No

I hereby declare that I am the parent/guardian of \_\_\_\_\_ and give my consent for his/her participation in all activities of the City or West Palm Beach Parks and Recreation Program. In consideration of my child being permitted to participate in this program, I hereby release, waive and discharge the City of West Palm Beach, its agents, employees and volunteers from all liability for all injury, loss or damage, and any claim of damage to the person or property of my child during his/her participation. It is understood that my child/ren may be photographed during the course of this program and the photographs may be used in official City of West Palm Beach publications. It is further understood that any false information provided for in this registration form will be cause for immediate termination or denied participation in the program. A service fee of \$10 per participant will be charged if cancellation of my registration is made. The service fee will be deducted from my refund. One day programs will not be refunded. No refunds will be given after the child's first scheduled practice session. In lieu of a refund participants may request an Athletics Voucher.

Signature of Parent/Guardian

Date

The City of West Palm Beach Department of Recreation's services are for everyone. In accordance with the provisions of the Americans with Disabilities Act (ADA), persons in need of special accommodations to participate in the proceeding shall, within three business days prior to the proceeding, contact the Department of Parks and Recreation at (561) 804-4900 or (800) 955-8771, 401 Clematis St., West Palm Beach, FL 33405.

### Office Use Only

Payment Receipt #: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Check #: \_\_\_\_\_ Credit:  Amount Paid: \$ \_\_\_\_\_ Staff Initials: \_\_\_\_\_