



# 2010 Tupelo Baseball Player Registration Form



Player's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Street: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone#: \_\_\_\_\_ Sex: M F Birthdate: \_\_\_\_\_ Age on or before April 30, 2010: \_\_\_\_\_

Primary Email: \_\_\_\_\_ **This is the email address you will receive notification by.**

Father's Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Phone: \_\_\_\_\_

Address (if different): \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_ Father's Occupation: \_\_\_\_\_

Mother's Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Phone: \_\_\_\_\_

Address (if different): \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_ Mother's Occupation: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

We ask for active participation of parents in our program. Please check one of the following if you are interested and want to participate.  Coach  Assistant Coach  Sponsor

### Resident/Non-Resident

You must check one. Any false information could result in expulsion from play.

Live in the City of Tupelo . . . . . \$45.00

Live in the Tupelo Separate School District . . . . . \$45.00 + \$10.00

Live in Lee County or another County. . . . . \$45.00 + \$25.00

Please make note that you are registering to play baseball, but not with a particular team. Is your child cover by insurance? YES ON

I/We the parents of the above child, hereby give approval for his/her participation in any and all activities connected with the above program. I/We assume all risks and hazards incidental to the conduct of the activity, and transportation to and from the activities and I/We do further hereby release and hold harmless the Tupelo Parks and Recreation Department, Tupelo Advisory Board, the City of Tupelo, the sponsors, the supervisors (both staff and volunteer) and/or all them from any and all claims of injury and/or claims arising from participation in the above activity.

In case of injury to my child, I/We likewise waive all claims for damages that we might have against the above mentioned and likewise waive any claim against any person transporting my/our child to or from activities.

**No refunds will be given after registration dates.**

\_\_\_\_\_  
Parent/Guardian Signature

Office Use Only

Payment \$ \_\_\_\_\_ Receipt #: \_\_\_\_\_ Payment Method: check cash credit card