



# 2012 Tupelo Baseball Player Registration Form



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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Sex: M F Date of Birth: \_\_\_\_\_ Age on or before April 30, 2012: \_\_\_\_\_

Father's or Legal Guardian Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's or Legal Guardian Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Information provided below will be put into our Rec-Check database so you will start receiving emails and text messages for game cancellations, camp info, etc. If you do not wish to receive this info please leave blank. Print clearly.

Father's Email: \_\_\_\_\_ Cell Phone # & Carrier \_\_\_\_\_

Mother's Email: \_\_\_\_\_ Cell Phone # & Carrier \_\_\_\_\_

Please check one of the following if you are interested and want to participate.

\_\_\_\_\_ Coach \_\_\_\_\_ Assistant Coach \_\_\_\_\_ Sponsor a team

### 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 #: \_\_\_\_\_ Date: \_\_\_\_\_ Payment: Check / Cash / CCard Received By \_\_\_\_\_