



2012 Tupelo Softball Association 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 Dec 31, 2011: _____

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 softball, 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 _____