

CITY OF FOLEY BASEBALL REGISTRATION 2017

January 31st – February 14th

Register by February 10th to receive a \$5 discount

BIRTH CERTIFICATE COPY MUST BE PROVIDED IF NOT ALREADY ON FILE

PAYMENT DUE AT TIME OF REGISTRATION

Player's Preferred Name (this will be printed on the trophy): _____

Player's Full Name (as written on Birth Certificate): _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Player's Date of Birth: ____/____/____ Age on MAY 1, 2017: _____

AGE GROUP (Based on age as of May 1, 2017) PLEASE CIRCLE ONE

6U (Tee Ball) Ages 5&6 \$60	8U Coach Pitch Ages 7&8 \$70	10 & Under Ages 9&10 \$85	12 & Under Ages 11&12 \$85	14 & Under Ages 13&14 \$130
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How many years played: _____ Previous Coach's Name: _____

Currently playing travel ball: YES or NO Ever played travel ball: YES or NO How many years? _____

Please list any relevant medical conditions: _____

PLEASE CIRCLE ONE SHIRT AND ONE PANT SIZE

<u>SHIRT</u>	Youth S	Youth M	Youth L	Adult S	Adult M	Adult L	Adult XL	Adult XXL
<u>PANTS</u>	Youth S	Youth M	Youth L	Adult S	Adult M	Adult L	Adult XL	Adult XXL

Parent Initials to confirm sizes _____

Parent's/Guardian's Name: _____ Phone #: _____

Alt. Parent's/Guardian's Name: _____ Phone #: _____

Are you interested or know someone interested in the following (please circle):

COACH _____ ASST. COACH _____ TEAM SPONSOR: _____

Special requests (if required): _____

**Please note requests are not guaranteed for coaches, teammates, sponsorship, etc.*

Parental/Guardian Release Agreement

I do certify that I have knowledge of my child's physical condition and state of health and give my permission for my child, as identified above, to engage in the baseball program sponsored by the City of Foley. I do further certify that my child has no physical defects, disease, or other disability that may in any way jeopardize his/her health or physical condition if he/she is allowed to take an active part in this baseball program. I hereby agree to indemnify and hold harmless the employees of the City of Foley, the Officials, Coaches, and any Other Person affiliated with the City of Foley Baseball program for any injury, accident, or mishap that may befall my child while participating in any phase or aspect of the City of Foley Baseball program, or while being transported to or from clinics, games, and practices. I give my permission for my child to participate as a member of the team to which he/she is assigned. Participation in this program constitutes permission to use likeness in promotional materials. I also certify that the date of birth listed above is correct.

The undersigned has read and understands all of this document as evidenced by his/her signature

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Turn Over: PLEASE READ AND SIGN THE PARENT CODE OF CONDUCT ON THE OPPOSITE SIDE

Parental Code of Conduct

I will provide positive support, care, and encouragement for my child participating in youth sports.

I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game and practice.

I will place the emotional and physical well-being of my child ahead of my personal desire to win.

I will insist that my child play in a safe and healthy environment.

I will demand a sports environment for my child that is free from drugs, tobacco, and alcohol, and I will refrain from their use at all City of Foley events.

I will inform the coach of all injuries, special medical conditions (such as asthma), or extenuating circumstances (such as a family crisis) that may affect the player.

I will support coaches and officials working with my child in order to encourage a positive and enjoyable experience for all.

I promise to help my child enjoy the youth sports experience by doing whatever I can, such as being a respectable fan, assisting with coaching, or providing transportation.

I will be sure that my child is available for most practices and games. If I know my child is unable to attend a practice or game, I will give the coach advance notice to enable proper planning.

I will explain this code of conduct to all fans who I invite to the game to ensure that they are aware of the Parent Code of Conduct.

Signature

Date

Printed Name

OFFICE USE ONLY

Amount Paid: \$ _____

Cash or Check #: _____

Receipt #: _____

Employees Initials