

Children's Tee-Ball/Baseball Registration

Ages 4 – 12 year olds

LAST NAME FIRST NAME GRADE AGE BOY/GIRL BIRTHDATE

ADDRESS CITY ST ZIP HOME/CELL PHONE

E-mail address _____ No. years child played _____

Siblings playing - Name: _____ PLAYER LIVES WITH: MOM DAD BOTH

School Attending: _____ **Church you belong to:** _____

DAD'S NAME ADDRESS HM PHONE WK PHONE CELL

MOM'S NAME ADDRESS HM PHONE WK PHONE CELL

DAD: I WILL COACH ASS'T COACH UMPIRE TEAM PARENT SPONSOR
 OTHER _____

MOM: I WILL COACH ASS'T COACH UMPIRE TEAM PARENT SPONSOR
 OTHER _____

PLEASE CHECK PROPER SIZE FOR YOUR CHILD: (order big)

SHIRT SIZE

- X-SMALL (2-4)
- SMALL (6-8)
- MEDIUM (10-12)
- LARGE or Other _____

Pant Size

- X-SMALL (2-4)
- SMALL (6-8)
- MEDIUM (10-12)
- LARGE or Other _____

FOR OFFICE USE ONLY

Amount Paid _____

Amount Paid _____

Date Paid _____

Received By _____

Registration Fee \$90.00 First child \$80.00 for each additional child per family.

WESTSIDE BAPTIST CHURCH
 7775 HERLONG ROAD
 JACKSONVILLE, FL32210
 781-0618/wbcjax.com

Your child must be 4 years old by April 1, 2012 and cannot turn 13 before April 1, 2012. Children must play in their appropriate age group.

PARENT'S CONSENT/MEDICAL RELEASE

Minor's Name _____ Date _____

Activity/Event _____ Baseball/T-ball 2012 _____

Mode of Transportation (if applicable) _____

I (we) hereby give permission for (minor's name) _____ to participate in the above named activity/event. In my capacity as parent/guardian, I hereby waive any right, I or said minor may have to sue Westside Baptist Church, or any of its employees as a result of any and all injuries, damages or losses sustained by the above mentioned minor while participating in the *above named activity/event*, or any related activities or excursions. I further agree to hold Westside Baptist Church and any of their employees harmless and bear the cost of their legal defense if any suit or legal or equitable action is brought against any of them as a result of any and all injuries, damages or losses suffered by the above mentioned minor while participating in the *above named activity /event* or in any activities or trips related to it.

I (we) understand that, in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give my permission to the staff or sponsor bearing this document to act in loco parentis, as provided by Florida code, to secure the services of a licensed physician to provide the care necessary, including anesthesia, for my child's well-being.

Please check box if the medical information the church has on file, on the above named minor, is current and/or correct. If not, please update this information through the church office.

Parent/Guardian MUST sign in presence of notary public.

Date

STATE OF FLORIDA

COUNTY OF _____

The foregoing instrument was acknowledged before me this ____ day of _____ year of _____

By: _____

PERSONALLY KNOWN TO ME

PRODUCED IDENTIFICATION

TYPE OF IDENTIFICATION

Affix
Notary Seal

Signature of Notary Public
State of Florida at Large