

**VIDALIA RECREATION DEPARTMENT REGISTRATION FORM
TEEBALL/BASEBALL/SOFTBALL**

PARTICIPANT'S NAME: _____ MALE _____ FEMALE _____

BIRTHDATE: _____ AGE: _____ GRADE: _____

SCHOOL: _____

PARENT/GUARDIAN: _____

ADDRESS: _____

E-MAIL ADDRESS: _____

**IT IS VERY IMPORTANT TO HAVE WORKING CONTACT NUMBERS! PLEASE NOTIFY THE OFFICE
IF YOUR NUMBER CHANGES. THANK-YOU.**

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

EMERGENCY CONTACT: (OTHER THAN PARENT) _____

PHONE: _____ RELATION: _____

SPECIAL MEDICAL INFORMATION: _____

AGE CONTROL DATE: APRIL 30, 2012 (BASEBALL)

DECEMBER 31, 2011 (SOFTBALL)

TEEBALL (6 OR TURNING 6 BY DECEMBER 2012) _____

MITE (9 & 10) _____

FLEA (7 & 8) _____

MIDGET (11 & 12) _____

JUNIOR (13 & 14) _____

*I HEREBY RELIEVE THE VIDALIA RECREATION DEPARTMENT OF ALL LIABILITY FOR ACCIDENTS THAT MAY OCCUR IN
THE ACTIVITIES INCLUDED IN THIS REGISTRATION. WE WILL ASSUME ALL RESPONSIBILITY FOR ANY
UNIFORM/EQUIPMENT BELONGING TO THE VIDALIA RECREATION DEPARTMENT AND RETURN IT IN GOOD
CONDITION OR REPLACE IF LOST OR DAMAGED.*

INSURANCE: I, THE ABOVE PARTICIPANT AND/OR GUARDIAN OF THE ABOVE PARTICIPANT, AM AWARE THAT THE
VIDALIA RECREATION DEPARTMENT OFFERS INSURANCE. **CIRCLE YES OR NO FOR INSURANCE COVERAGE.**

_____ **PARENT/GUARDIAN SIGNATURE**

CHECK ONE

___ VIDALIA RESIDENT

___ TOOMBS COUNTY RESIDENT

___ LYONS RESIDENT

___ OUT OF COUNTY RESIDENT