

## Twin City-Emanuel County Recreation Department P.O. Box 980/112 S. Railroad Ave. Twin City, Ga 30471 (478) 763-2695

## **REGISTRATION FORM**

Baseball: Flea Boys (6-8) Mite Boys (9-10) Midget Boys (11-12) Jr Boys (13-14)

| Participant's Name_  | MI                                     | Birth Date_                           | Month/Day/Voor                          | _ Male or Female                                   |
|--|--|---------------------------------------|---|--|
| Address  |  |                                       |   |  |
| Home Phone   | Cell Phone                             |                                       | Sch                                     | nool Grade   |
| Mother's Name  | Father's Name_                         |                                       |   |  |
| Does the participant live inside the city limits?  | YES or NO(Circle One)                  | Participant                           | 's shirt size: _                        |  |
| (Ages 6-12)Player must be 7 on or before (Players who are 6 years old, have the opturn 7 before September 1 of the current   | ption of playing co                    | ach pitch o                           | r flea boys. S                          |  |
| Would you be interested in being a head or as  |  | or NO If yes                          | ; what is your                          | shirt size?  |
| Please list the name and age of any otl  | her children that will                 | play for TCRE                         | ) in the same h                         | nousehold as this child.                           |
|  |  |                                       |   |  |
|  |  |                                       |   |  |
|  |  |                                       |   |  |
|  | Parent/Guardian S                      |                                       |   |  |
| Recreation accidental insurance is now available thro<br>child. If you are interested in the insurance let us know<br>aware that the Twin City-Emanuel County Recreation<br>purchase | at registration time. If you           | u are not interes<br>ental recreation | ted in the insuran<br>insurance availat | ice please initial stating that you are            |
| I have read and received a copy of the require Additional Information:   |  |                                       |   | (initial here)                                     |
| placed on a cert   | ain team with a cert                   | tain coach.                           |   | a participant will get onsible for the purchase of |
| the uniform which  | ch includes a jersey                   | and hat.                              | ·                                       | ·  |
|  | PARTICIPANT'S BI                       |                                       |   |  |
|  | OFFICE USE ONL<br>Payment Method: CASH |                                       | RD Birth Certificate                    |  |