

2024 4- & 5-YEAR-OLD T-BALL REGISTRATION

NAME: _____ AGE: _____ BOY: _ GIRL: _

PARENT NAME: _____ PHONE# _____

FEE \$20.00

I/We, the parents or legal guardian of the above-named participant, do realize that with any sporting event there is a chance of injury. Knowing this, I/we give our full consent to our child to participate on CPRD baseball teams. I/we state that our child is physically able to participate in baseball. I/we agree to hold harmless CPRD, its directors, supervisors and coaches from any injury or loss to my child caused by their participation or while being transported to and from events. I/we will also allow for my child's coach to give authorization for emergency medical treatment if I/we cannot be contacted.

Parent or Guardians Signature:

Date: _____

I give CPRD permission to use my child's photograph in promotional displays (initial): _____

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I would like to coach _____ I would like to asst. coach.

****All volunteers will be subject to a national criminal/sex offender background check.***

