

LEE COUNTY YOUTH BASEBALL

Office Use Only:
Date: _____ Amt. Rcvd. \$ _____ Rcvd. By: _____
Ck# _____ Cash _____ CC _____

Player Name (as on Birth Certificate): _____ Gender: Male Female
My child prefers to be called: _____ Registration fee: \$ _____
Address: _____ City/Zip: _____

Date of Birth: _____ Age (as of 05/01/2021): _____ League (Circle ONE): 4U 5U 6U 7U 8U 9U 10U 11U 12U 13U 14U

Parent/Guardian Name(s): _____

Home/Cell Phone: Father _____ Mother _____

Work Phone: Father _____ Mother _____

Email Address: _____

- Did your child play **Lee County Youth Baseball** last year? Yes or No
- Would you be willing to serve as a Team Parent? Yes or No
- Would you be willing to Coach or Assist? Yes or No
- Does your child have any siblings playing? Yes or No

UNIFORM

1.) Hat Size: Youth or Adult

2.) Jersey Size
Youth: S M L XL
Adult: S M L XL 2XL

3.) Pant Size
Youth: XS S M L XL
Adult: S M L XL 2XL

****Pants Brand:** _____

Other notes/concerns/medical issues: _____

We, the parents of the above child, hereby give my/our permission to the person in charge of the activity to take our child to the doctor or hospital in case of injury.

Hospital preferred _____ Insurance Co. _____

The parents of the above named child hereby give our approval for their participation in activities during the current season. We assume all risks and hazards incidental to the conduct of the activities and the transportation to and from activities. We agree to let our child play on the team he/she is assigned to and/or drafted on. We do further hereby release, absolve, indemnify, and hold harmless the City/County Recreation Department, the league organizers, officials, and the volunteers of any injury or harm to my/our child. We hereby waive all claims against the organizers, the sponsors, or any of the supervisors appointed by them. We likewise release from responsibility any person transporting my/our child to or from activity. We hereby accept responsibility for any equipment issued to my child as to damage or loss.

Signature of Parent / Guardian: _____ Date: _____