

2018 Wellington City Youth T-Ball Registration

Ages 3-5

Name of Player: _____ Male Female

Address: _____

City & State: _____ Zip: _____

Name of Parent or Guardian: _____

Home Phone: _____ Other Phone: _____

Email Address: _____

Players Birthday: _____ Age: _____

School: _____ Grade: _____

Emergency Contact: _____ Phone: _____

Registration is due June 10th

- I am willing to coach a team
- I am willing to assist

PARENTS AGREEMENT

1. I hereby certify that _____ is in good health, and capable of participating safely in the Wellington Recreation Youth T-Ball Program, and has accident and health insurance. Wellington City, other participating agencies, and volunteers are not liable for any accident while participating in the T-Ball program.
2. I hereby authorize the Directors of the Wellington Recreation Program to act in my behalf in accordance with their best judgement in case of an emergency.
3. I understand that the goals and objectives of the Wellington Youth T-Ball program are based on fun, fair play, skill development, and teamwork.
4. I understand that I will be responsible for bringing a treat and/or drink on a rotating schedule, and that I will be responsible for finding a replacement if I am unable to do so.

Signature of Parent or Legal Guardian: _____