

PC REC BASEBALL, SOFTBALL & TEEBALL REGISTRATION FORM

Office Use Only	
Date:	
Amount paid: \$	_
Receipt #:	

lease Check Sport:								
☐ Baseball: (Boys 9-15): Ages as of April 30 th			0^{th}	☐ Coaches Pitch (Boys 7-8): Ages as of April 30 th				
Softball: (Girls	9-14): Ages a	s of January	1 st	☐ Coaches	Pitch (Gir	ls 7-8): Age:	s as of January 1s	
		(Teeball 4-	6 CoEd): A	Ages as of	April 30 th			
Baseball/	/Softball/Tee	ball: (\$50.0	00) (\$10.00	LATE FEI	E & \$25.00 N	NSF FEE WII	LL APPLY)	
	"DEAD	LINE FOR	REGIS	FRATIO	N MARC	Н 19"		
Jniform Size: □YXS	S	$\Box YM$	$\Box YL$	□AS	$\Box AM$	$\Box AL$	□Other	
Complete the pers	sonal informatio	n in the box b	elow (Only	one child pe	er form):			
Parent's Email A	ddress (Require	ed):						
Child's Name:								
Sex: □M □	F Age:	DOB:						
		Current Grade						
Home Address: _		Ci	ty:			Zip:		
Mother's Name:				Cell#:		Work#:		
Father's Name: _				Cell#:		Work#:		
Siblings Participa	ating:							
Ay undersigned sig	nature confirms	s my understar ent of risk inv	nding that p	articipation ec is not res	in this leisu ponsible for	re activity is o	on a voluntary, am	
By acceptance of the	and all its repres	sentatives from	n any and a	ll claims an	d demands	of every kind,	, mature and chara	
By acceptance of the ischarge PC Rec, a corrupt any and all dan carticipation in this	and all its repres nages, losses, or s voluntary ama	sentatives from injuries whice teur activity.	n any and a ch may be s	ll claims an ustained by	d demands the registr	of every kind, ant in connec	, mature and chara	
By acceptance of the ischarge PC Rec, a for any and all dan articipation in this ARENT/GUARDIA	and all its represonages, losses, or s voluntary amage. N SIGNATURE:	sentatives from injuries which teur activity.	n any and a ch may be s	ll claims an ustained by	d demands the registr	of every kind, ant in connec	, mature and chara tion with any aspe	
By acceptance of the lischarge PC Rec, a correct any and all dansarticipation in this PARENT/GUARDIA	and all its represonages, losses, or s voluntary amage. N SIGNATURE:	sentatives from injuries which teur activity.	n any and a ch may be s t make our j	Il claims an ustained by	d demands the registr	of every kind, ant in connec	eby release and for mature and charation with any aspe	

Office Located @ Multi-Use Facility 1400 Major Parkway, New Roads, LA 70760

Office Hours: Monday through Friday from 7:30 a.m. to 4:00 p.m., Phone Number: 225-638-3870

DO NOT SEND BACK TO SCHOOL!