



Twin City 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 Last First MI Birth Date Month/Day/Year Male or Female (Circle One)

Address City Zip Code

Home Phone Cell Phone School Grade

Mother's Name Father's Name

Age of child on May 1st Does the participant live inside the city limits? YES or NO (Circle One)

Participant's shirt size:

Would you be interested in being a head or assistant coach? YES or NO If yes; what is your shirt size? (Circle One)

Please list the name and age of any other children that will play for TCRD in the same household as this child.

Two horizontal lines for listing other children's names and ages.

Parent/Guardian Signature

Recreation accidental insurance is now available through Standard Life and Causality Insurance Company for an additional fee of \$6.00 per child. If you are interested in the insurance let us know at registration time. If you are not interested in the insurance please initial stating that you are aware that the Twin City Recreation Department offers accidental recreation insurance available to you and you choose NOT to purchase coverage at this time. (initial here)

I have read and received a copy of the required information on concussions in youth sports. (initial here)

Additional Information:

- All participants will be in a draft system. This is no guarantee a participant will get placed on a certain team with a certain coach.
If the participate makes an all-star team, the parents are responsible for the purchase of the uniform which includes a jersey and hat.
A COPY OF THE PARTICIPANT'S BIRTH CERTIFICATE IS REQUIRED.

OFFICE USE ONLY

Amount Paid: \$ Payment Date: Payment Method: CASH CHECK CARD Birth Certificate Insurance: YES or NO