



Twin City-Emanuel County Recreation Department  
 P.O. Box 980/112 S. Railroad Ave. Twin City, Ga 30471  
 (478) 763-2695

**REGISTRATION FORM**

**Softball: Flea Girls (6-8) Mite Girls (9-10) Midget Girls (11-12) Jr Girls (13-14)**

Participant's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Male or Female  
Last First MI Month/Day/Year (Circle One)

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ School Grade \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Does the participant live inside the city limits? YES or NO (Circle One) Participant's shirt size: \_\_\_\_\_

**(Ages 6-12)---Player must be 7 on or before September 1, 2019 and cannot turn 13 before September 2, 2019. (Players who are 6 years old, have the option of playing coach pitch or flea boys. Six year old player must turn 7 before September 1 of the current year, to be eligible to play all stars).**

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

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

\_\_\_\_\_

\_\_\_\_\_

**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-Emanuel County 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 participant 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