



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

T-Ball Boys/Girls Ages 3-4

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 _____

Age of child on April 16th _____ 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.

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)

Note: 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.

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