



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

(Circle One)

Tee Ball: Boys/Girls (3-4) Coach Pitch: Boys/Girls (S-6)
Baseball: Flea Boys (6-8) Mite Boys (9-10) Midget Boys (11-12) Jr Boys (13-14)
Softball: Flea Girls (6-8) Mite Girls (9-10) Midget Girls (11-12) Jr Girls (13-14)

Participant's Name _____ Birth Date _____ Male/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 T-SHIRT SIZE (circle one): YXS YS YM YL AS AM AL AXL A2XL A3XL A4XL

(Ages 6-12)---Player must be 7 on or before September 1, 2023 and cannot turn 13 before September 2, 2023.
(Players who are 6 years old, have the option of playing coach pitch or flea boys. Six year old boys 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 If yes; what is your shirt size? _____
name _____ and cell phone number. _____

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

- All participants, coaches, and their respective parents/fans are expected to behave responsibly and demonstrate good positive sportsmanship!
- Follow TwinCity Rec on Facebook for schedules/updates throughout the season.
- We will use an all call system to announce rainouts this season.

Parent/Guardian Signature _____

Recreation accidental insurance is now available through **Standard Life and Casualty 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