



# MONTGOMERY COUNTY PARKS & RECREATION TINY T-BALL (AGES 3 - 4) REGISTRATION FORM

Player's Full Name \_\_\_\_\_  
(Must Match Birth Certificate)                      First                      Middle                      Last

Player's Address \_\_\_\_\_

Player's Phone \_\_\_\_\_ Player's Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Age on May 1<sup>st</sup>)

Parent's Email Address \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Did player participate in Tiny T-Ball last year?    YES    NO    What League? \_\_\_\_\_

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

Father's Work Phone \_\_\_\_\_ Mother's Work Phone \_\_\_\_\_

Father's Cell Phone \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_

In case of an emergency contact (other than parents) \_\_\_\_\_ Phone \_\_\_\_\_

I would like to volunteer for:    MANAGER                      ASSISTANT COACH                      TEAM MOTHER

Does this player have ANY health problems?                      YES    NO

If yes, please list: \_\_\_\_\_

Is player covered under a health insurance plan?                      YES    NO

If yes, please provide name of insurance carrier: \_\_\_\_\_

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I hereby grant permission for League representatives to obtain medical care from any licensed physician or hospital should my child become ill or injured while participating in League activities when neither parent/guardian is available to grant authorization for emergency treatment.

In consideration of my child being accepted in the Montgomery County Recreation League, I do hereby waive and release all rights and claims for damages sustained and suffered by my child and/or family in connection with his or her association and participation in said Montgomery County Recreation League.

\_\_\_\_\_  
Signature of Parent/Guardian                      Relationship                      Date

Player's Shirt Size (Please circle one)                      **Youth**    XS    S    M    L