

# GRANT PARK COACH PITCH BASEBALL

2018 SPRING SEASON

**Intermediate Division (7 and 8 year olds); Upper Division (8, 9 and 10 year olds plus 5<sup>th</sup> graders who are 11)**

**\*We must have a minimum of 48 kids to do a separate intermediate division. 8 year olds may be split between the 2 divisions**

Child Name: _____	Child Age and DOB: _____
Child School/Grade: _____	Child Gender: M or F (circle one)
Parent 1 Name: _____	Parent 2 Name: _____
Parent 1 Phone: _____	Parent 2 Phone: _____
Parent 1 Cell: _____	Parent 2 Cell: _____
Parent 1 E-mail: _____	Parent 2 E-mail: _____
Alt E-mail: _____	Alt E-mail: _____
Played 2017 Season Yes No (circle one)	Which GPPB Team? _____
Years Experience: _____	(specify number of years played)

Uniform Shirt	Youth or Adult <b>(circle one)</b>	S, M, L, XL <b>(circle one)</b>
Uniform Pants	Youth or Adult <b>(circle one)</b>	S, M, L, XL <b>(circle one)</b>

**We practice 1 day a week for approximately 1 hour -- Practices will be MONDAY through FRIDAY (starting 5:30 to 6:00) and SUNDAY afternoons (typically between 1:00 and 5:00)**

**I cannot practice on the following days:** \_\_\_\_\_

**I am willing to head coach:** Yes or No **(circle one)**

**I am willing to be an assistant or co-head coach:** Yes or No **(circle one)**

**I have a child playing in T- ball:** Yes or No **(circle one)**

**Child name:** \_\_\_\_\_

**Fees                      Registration    \$85    (\$110 if paid registering after February 11, 2018)**  
**Make check payable to "Grant Park Baseball"**  
**Register by mail:           Grant Park Baseball, 495 Cherokee Ave. SE., Atlanta, GA 30312**

**SPECIAL NEEDS/REQUESTS:**

**We will do our best to meet a special needs request; however, requests to be with a specific coach or to be on a team with a specific person will be met in GPBB's sole discretion. We try to accommodate these requests to the best of our ability; however, if your request is a requirement in order for you to participate in GPBB then please let us know. **Please do not register my child if you cannot meet my request. \_\_\_\_\_ Initial Here****

Child's Physical Condition \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone (    ) \_\_\_\_\_

LIST ANY PHYSICAL/MENTAL INFIRMATIES or any other special medical information (e.g. allergies): \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

I/we, the parents of the above named boy or girl, hereby give my/our approval for his/her participation in activities during the current season. I/we assume all risks and hazards incidental to the conduct of the activities and transportation to and from activities. I/we do further hereby release, absolve, indemnify and hold harmless the City of Atlanta Bureau of Recreation, Grant Park Baseball, the organizers of the activity, sponsors, coaches, or any of the supervisors any or all of them. In case of injury to my/our son/daughter, I/we hereby waive claims against the organizers, sponsors coaches, or any of the supervisors appointed by them, I/we likewise release from responsibility any person transporting my/our son or daughter to and from the activity.

PARENT'S OR GUARDIAN'S SIGNATURE X \_\_\_\_\_

**REFUND POLICY: NO REQUESTS FOR REFUNDS WILL BE HONORED AFTER MARCH 1, 2018. REFUND REQUESTS ON OR BEFORE MARCH 1, 2018 ARE SUBJECT TO A \$30.00 ADMINISTRATIVE CHARGE.**