

GRANT PARK T-BALL BASEBALL

2020 SPRING SEASON

Ages 4 through 6 (4 year old participants are required to have parental participation in order to play).

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 2019 Season Yes No (circle one) Which GPBB Team? _____
Years Experience _____ (specify number of years played)

Uniform Shirt	S, M, L, XL (circle one)
Uniform Pants	S, M, L, XL (circle one)

Practices will be for approximately MONDAY through FRIDAY (starting 5:30 to 6:00) and SUNDAY afternoons (usually 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 co-head coach with a partner: Yes or No (circle one)

I only am willing to be an assistant coach: Yes or No (circle one)

I have a child playing in Coach Pitch: Yes or No (circle one)

Child name: _____

Fees Registration \$90 (\$115 if paid registering on or after February 17, 2020)
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, 2020. REFUND REQUESTS ON OR BEFORE MARCH 1, 2020 ARE SUBJECT TO A \$30.00 ADMINISTRATIVE CHARGE.