

2012 YOUTH BASEBALL



The City of Fircrest
Parks and Recreation

Phone: 253-564-8177

Fax: 253-238-4173

Email: cwells@cityoffircrest.net

CIRCLE ONE

COED T-BALL (K/1)

GIRLS

BOYS

COACH PITCH (1/2)

3/4 MODIFIED

3/4 HOLLYWOOD

Name: _____

Grade : _____ Age: _____ M or F _____ Phone: _____

Parents Name: _____ E-mail: _____

Address: _____ City: _____ ZIP: _____

Youth T-Shirt Size: YS__ (size 6-8) YM__ (size 10-12) YL__ (size 14-16)

Adult T-Shirt Size: AS__ AM__ AL__ AXL__ AXXL__

(Please order correct size shirts will not be exchanged)

I want to Coach Preferred Coach or Friend _____

***Note:** 3/4th grade Boys and Girls teams will be competing against UP Parks teams. Practices will begin in April and games in early May.

REFUND POLICY: You may only request a refund within two weeks of payment. After two weeks no refunds will be given. There will be a \$10 administrative fee for each refund processed.

PARENT/GUARDIAN AGREEMENT:

I assume all risks and hazards of my child participating in your indoor soccer or baseball programs and release from responsibility any persons providing transportation to and from activities. In cases of injury, I do hereby waive all claims and legal actions, financial or otherwise, against the city of Fircrest, it's elected officials and employees, the organizers, supervisor, coach or any volunteer connected with the program. In absence of my signature, payment and fees and participation in the program shall constitute acceptance of the conditions set forth in the release. I also grant full permission to use any photographs, videotapes, motion pictures, recordings or any other record of this program for promotional and documentary purposes.

The Tacoma School district does not sponsor this event and the district assumes no responsibility for it. In consideration for the privilege to distribute these materials, the Tacoma School District No.10 shall be held harmless from any cause of action filed in any court or administrative tribunal arising out of the distribution of these materials, including all costs, attorney's fees and judgments or awards.

Parent/Guardian Signature: _____

Cost :

- \$25 Fircrest Residents
- or
- \$60 Non-Residents

Date Received: _____ Receipt # _____

For official use: Amount Paid: _____ Amount Due: _____

REGISTRATION

RESIDENTS:
JAN 30TH - MARCH 9TH

Non-Residents :
Feb 27th- March 9th