

2018 PEEWEE BASEBALL PRE - K 4 & 5 YEAR OLDS



The City of Fircrest
Parks and Recreation

Phone: 253-564-8177

Fax: 253-238-4173

Email:

cwells@cityoffircrest.net

Name: _____

Birthdate : _____ Age: _____ M or F _____ Phone: _____

Parents Name: _____ E-mail: _____

Address: _____ City: _____ ZIP: _____

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

I want to Coach Preferred Coach or Friend _____

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. I have read the concussion information on back of registration form.

Parent/Guardian Signature: _____ Date _____

Cost :

• \$30.00 Fircrest Residents

or

• \$50.00 Non-Residents

Date Received: _____ Receipt # _____

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

REGISTRATION DEADLINE

RESIDENTS:
FEBRUARY 26 - APRIL 6

NON-RESIDENTS:
MARCH 5 - APRIL 6