



Youth T-Ball Spring League 2020

WE NEED PARENT VOLUNTEERS
I would like to assist in this program as:
Coach Asst. Coach
You must fill out a coach's application

REGISTRATION FORM

Participant Name _____

Age as of 4/3/20 _____ Date of Birth _____ Gender (circle one): Male Female

T-Ball (4-7 year olds)

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Grade _____ School _____

Uniform Size (Please Check the Appropriate Box)

Youth X-Small	Youth Small	Youth Med	Youth Large	Youth X-Large	Adult Small	Adult Medium	Adult Large	Adult X-Large

Has your child ever participated in an organized T-Ball League? YES or NO

If so, how long? _____ Years _____ Months

Has your child ever participated in any Suffolk Parks & Recreation League? Yes, or No

If so, what league was the most recent League _____ Year _____

Does your child have other siblings participating in any other sports with Parks & Recreation?

Yes, or No If yes, name _____ age _____ sport _____

Parent/Guardian Information

Parent/Guardian Name _____

Home Phone _____ Work Phone _____

Cellular Phone _____ Email: _____

Emergency Contact (other than parent) _____

Relationship to Participant _____

Home Phone _____ Work Phone _____

Cellular Phone _____ Email: _____

Please list any medical conditions or allergies your child may have:

REMINDER: Staff or volunteer coaches cannot store or administer medications to participants.

PLEASE READ BACK OF FORM



Medical Information

Suffolk Department of Parks and Recreation takes pride in providing inclusive recreational opportunities for all. In order to best serve and meet the needs of each participant, please provide any special needs, disabilities or accommodations so that our team can provide successful participation within our programs.

Primary Diagnosis/Condition: _____

Special needs and Accommodations: _____

Level of Severity or Disability: Mild Moderate Severe

↳ Comments:

Participant primarily uses/requires (please explain):

Special Assistance -

Assistive Technology -

Accessibility Equipment-

↳ Wheelchair (if applicable): Manual Wheelchair Power Wheelchair Walker

Other -

*For programs and events that require specific participant accommodations and special needs, advance registration and assessment is required from our Certified Therapeutic Recreation Specialist.

Release and Waiver: In consideration of being permitted to participate in any way in Youth Coed T-Ball League, I for myself, my heirs, personal representatives or assigns, do hereby release, waive, and forever discharge the City of Suffolk, its Council members, officers, employees, and agents for liability from any and all claims, demands, rights and causes of action of whatever kind resulting in, but not limited to, bodily injury, accident or illness (including death), and property damage sustained by me and my agents, representatives, employees, or family members arising from participation in Youth Coed T-Ball.

Indemnification: I shall indemnify and hold harmless the City of Suffolk, its Council members, officers, employees, and agents from and against any and all claims, losses, damages, fines, penalties, suits and costs, including injury and death penalties imposed by any authority which arise out of any violation of law by, and all acts and omissions caused by me, my employees, subcontractors, and agents, or representatives during the participation in Youth Coed T-Ball League.

Parent Signature

Date

Office Use Only (Please Print)

Proof of Age (Birth Cert. #) _____ Birth State/Country _____ Proof of Residence _____

Amount Paid _____ Date Registered _____ Receipt # _____ Staff Name _____