

NEW _____

**TOWN & COUNTRY BASEBALL
REGISTRATION FORM**

DIV. _____

BCert _____

☐ Spring ☐ Fall

NO. _____

TRYOUT DATE / TIME: _____

Today's Date: _____

Child's Name: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

Father's Name: _____ Mother's Name: _____

Father email address: _____ Mother email address: _____

Father's Phone: _____ Mother's Phone: _____

Medical Ins Co: _____ Policy No: _____

Emergency Contact: _____ Telephone: _____

Child's Physician: _____ Telephone: _____

*****PLEASE READ CAREFULLY:** I fully understand that by signing this registration form, I commit my family to the responsibilities set forth below. They are: **Player's Responsibilities:** 1) Abide by all rules and regulations governing conduct and play. 2) Attend practice sessions and be on time for scheduled games. 3) Respect league baseball equipment and facilities. 4) Put trash in the garbage cans. **Parent's Responsibilities:** 1) Abide by all rules and regulations governing conduct and play. 2) Help the manager and coaches maintain field and facility. 3) Hold our child accountable for "Player Responsibilities". 4) Support any fund raising projects. 5) Put trash in the garbage cans. 6) **Work a minimum three (3) hour shift in the concession stand. No Refunds.**

Signed: _____ Relationship: _____

SWORN to and SUBSCRIBED before me this _____ day of _____ 201_

My commission expires: _____

Notary Public State of Florida

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Registration Fees*:

Total \$ _____

*Registration fees include uniform hat and shirt, baseball charter fees, county fees, equipment, maintenance, office supplies, umpire fees and insurance costs.

Amount Paid \$ _____ Cash or Check Number _____ Approved by: _____

No Refunds