

# City of Belton Parks & Recreation Baseball Registration Form

**(Scholarships are available based on income. You must Request a scholarship application)**

**PART 1: Participant Information: (as it appears on birth certificate)**

*For Office Use Only*

First Name			
Middle Name			
Last Name			
Date of Birth			
Age Group	6 and Under		
	8 and Under		
	10 and Under		
	12 and Under		
Mailing Address			
City		Zip Code	
Did you participate in our Baseball program last year?	Yes		No
If eligible, do you wish to return to the same team	Yes		No

Amount Paid		
Circle	Cash	
	Check	
	Credit	
Check #		
Date Paid		
<b>Applying for Scholarship</b>		
Yes		No

**PART 2: Parent/Contact Information**

First Name			Last Name		
Email			Contact Number		
Would you be interested in being a Head Coach?	Yes		No		

**PART 3: Uniform Sizes**

<b>Jersey Size (Select One)</b>																			
YS		YM		YL		YXL		AS		AM		AL		AXL		AXXL		AXXXL	
<b>Hat Size (Select One)</b>																			
XS-S (6 5/8 to 6 7/8)						S-M (7 to 7 1/4)						L-XL (7 3/8 to 7 5/8)							
<b>Please understand that the size uniform chosen for your child will be the size you receive. Once uniforms are ordered there will be NO REFUNDS.</b>																			

**PART 4: Contract**

**The City** of Belton Parks and Recreation Department has a secondary insurance policy that will pick up after primary insurance. I **hereby** release the City of Belton, the Parks and Recreation Department and its coaches, as well as the sponsors from any and all liability for injuries which may occur during practice, games, and/or traveling to and from the games.

I **agree** to conduct myself in a sportsmanlike manner at all times. I understand that this is expected of players, parents, and other family members or friends. The Parks and Recreation Department staff has the authority to remove anyone violating this stipulation.

I **acknowledge** that all fees/charges are **non-refundable** once the uniforms are ordered.

I **acknowledge** that the staff of Belton Parks and Recreation Department will review this contract for accuracy. If any of the above information is discovered to be false, I fully understand that this contract will be declared null and void and the player will not be allowed to participate. I certify that I have read this contract and understand its provisions.

I **understand** that I must turn in a copy of my child's birth certificate in order for them to be eligible for practice and games and if I do not turn one in my child will have to sit out until one is turned in.

I **understand** that I will have to travel to Anderson, Williamston, Starr, Iva, and Honea Path for games.

**By signing this form I state that all information and uniform sizes provided is correct. I understand that uniform sizes will not be exchanged once ordered.**

Parent Signature		Date	
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