



2017 SPRING LEAGUE REGISTRATION FORM
11 & 12 YEAR OLDS LITTLE MAJOR LEAGUE
DIZZY DEAN BASEBALL



Players may only register in one Tallahassee Parks, Recreation & Neighborhood Affairs (PRNA) endorsed Baseball Program during this season. Players must register and play at the park for which they are zoned to be eligible for All-Stars. Please check the zone maps at <http://www.talgov.com/parks/parks-ybaseball.aspx> to determine the proper park in which to register. If unsure of zoned park, call 891-3866 for verification. Any player outside of Leon County must be referred to the PRNA office for park assignment.

REGISTRATION DATES

Tuesday, January 3; 5:30-7:00pm
Saturday, January 7; 1:00-3:00pm
Saturday, January 14; 9:00-11:00am
Tuesday, January 17; 5:30-7:00pm

WHO

11 & 12 year olds
Players cannot turn 13 before May 1, 2017.

REGISTRATION LOCATIONS

Capital Park, Meridian Park,
& Winthrop Park

EVALUATIONS

Saturday, January 21
Meridian Park: 9am
Capital & Winthrop Parks: 1pm

SEASON DATES

Saturday, March 4 through Late May.

WHAT TO BRING

REGISTRATION: Registration Form, Fee, Birth Certificate, & Proof of Residency (utility bill)
EVALUATIONS: All Players should bring proper baseball equipment including catcher's gear.

COST

\$65.00 payable to the Park at registration

League sponsored by: PRNA and Council of League Presidents of Tallahassee

PLAYER'S NAME _____ AGE _____ BIRTHDATE _____

RETURNING PLAYER TO THIS LEAGUE? YES NO IF YES: TEAM NAME _____

SHIRT SIZE _____ FIELD POSITION _____

MEDICAL CONDITIONS _____

PARENT NAME _____

ADDRESS _____

PHONE _____ ALT # _____

EMAIL _____

ARE YOU INTERESTED IN BEING A: _____ HEAD COACH _____ ASSISTANT COACH

RESIDENCY: _____ CITY _____ COUNTY _____ OTHER

By my signature below, I understand that participation in sports may cause injuries. I agree by my signature below that in the event my child is disabled, injured or incurs a disease of temporary or permanent nature that I will waive all claims or liabilities against the City of Tallahassee, City of Tallahassee Parks, Recreation & Neighborhood Affairs Department (PRNA), Council of League Presidents of Tallahassee (COLP), and Volunteer Park Associations. I hereby certify and take full responsibility that my child's age and address as shown above are correct and meets the requirement of league and zone rules indicated on this registration form. PRNA reserves the right to photograph/video facilities, activities, and program participants for potential future use. All photos/video will remain the property of PRNA and may be used for publicity or promotion purposes only.

PARK USE ONLY
TEAM:
AMT PD:
CHK#

SIGNATURE _____ DATE _____