



# 2018 SPRING LEAGUE REGISTRATION FORM

## Little Major League 11 & 12 Year Olds

### 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.tal.gov.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 2; 5:30-7:00pm  
 Saturday, January 6; 1:00-3:00pm  
 Saturday, January 13; 9:00-11:00am  
 Tuesday, January 16; 5:30-7:00pm

#### REGISTRATION LOCATIONS

Capital Park, Meridian Park, & Winthrop Park

#### SEASON DATES

Saturday, March 3 through Late May.

#### COST

\$65.00 payable to the Park at registration

#### WHO

11 & 12 year olds  
 Players cannot turn 13 before May 1, 2018.

#### EVALUATIONS

Saturday, January 20  
 Meridian Park: 9:00am  
 Capital & Winthrop Parks: 1:00pm

#### 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.

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

PLAYER'S NAME \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

SHIRT SIZE \_\_\_\_\_ FIELD POSITION \_\_\_\_\_

OTHER SPRING COMMITMENTS \_\_\_\_\_

MEDICAL CONDITIONS \_\_\_\_\_

PARENT NAME \_\_\_\_\_ • PARENT NAME \_\_\_\_\_

ADDRESS/ZIP \_\_\_\_\_ • ADDRESS/ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ TXT # \_\_\_\_\_ • PHONE \_\_\_\_\_ TXT # \_\_\_\_\_

EMAIL \_\_\_\_\_ • 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 \_\_\_\_\_