



**WAKULLA COUNTY PARKS AND RECREATION DEPARTMENT
REGISTRATION AND PERMISSION FORM**

**PITCHING MACHINE
SPORT**

DATE _____

In order for my child to be eligible to play this season, I certify that I have read and understand the following:

1. **\$45.00 REGISTRATION FEE** – This will assist with the cost of the program.
2. **INSURANCE : THIS IS OPTIONAL** – So please check **ONE** of the following :
 _____ **I DO** want my child covered by the special accident insurance policy. I understand the cost is \$7.50 per player.
 _____ **I DO NOT** want my child covered by this policy.
 My policy is:
INSURANCE COMPANY NAME _____
INSURANCE POLICY NUMBER _____
3. I hereby certify that my child is the age shown below and meets the requirements as specified by the league regulations.
4. I understand that it is my responsibility to provide supervision for my child at all practices and games.
5. I agree, by signing below, to release and waive all claims except for willful and wanton acts, against the Wakulla County Parks and Recreation Department and the Wakulla County Board of County Commissioners.

PLEASE PRINT ALL INFORMATION CLEARLY!!

PLAYERS NAME _____ AGE _____ DATE OF BIRTH _____ HOME PHONE _____ WORK PHONE _____

HOME ADDRESS _____ CITY _____ ZIP _____

EMERGENCY CONTACT PERSON _____ EMERGENCY PHONE NUMBERS _____

PARENTS NAME _____ PARENTS SIGNATURE _____ YS YM YL AS AM AL
SHIRT SIZE (CIRCLE ONE)

SCHOOL NAME _____ GRADE _____ NAME OF AREA YOU LIVE IN _____

ANY MEDICAL INFORMATION THE COACH SHOULD KNOW ABOUT _____

WHAT DIVISION: 7 & 8 _____

DID YOU PLAY LAST YEAR? _____ TEAM NAME? _____

Is there a certain team or player you would like to be on the same team? (NO GUARANTEES): _____

Is there a certain area you cannot attend practice? _____

Is there a certain coach or player you DO NOT want your child to be on the same team? _____

WOULD YOU OR SOMEONE YOU KNOW BE INTERESTED IN COACHING?

(Completed Criminal Background Check form will be required and submitted by WCPRD)

NAME _____ PHONE NUMBERS _____ BEST TIME TO CALL _____

FOR OFFICE USE ONLY:

RECEIPT # _____ AMOUNT \$ _____ Cash / Check # _____