

**TRC Summer Baseball/Softball
Registration Deadline: Friday, April 6**

PLAYER NAME _____ MALE _____ FEMALE _____

ADDRESS _____ PHONE _____

CITY _____ ZIP CODE _____

BIRTHDATE _____ AGE ON JUNE 1, 2018 _____

LAST SEASON'S POSITION(S) _____

PARENTS/CONTACTS NAME _____ PHONE _____

EMAIL ADDRESS _____

Would you like to join our Online Newsletter Group? YES NO Already a Member

Do you reside or own property within the USD #464 School District? YES NO

SHIRT SIZE: Youth Small _____ Youth Medium _____ Youth Large _____
Adult Small _____ Adult Medium _____ Adult Large _____ Adult XLarge _____

Parents, due to participation numbers, special requests can no longer be honored. Late sign-ups will be placed on teams at the discretion of the Recreation Commission if space is available for extra players.

Night(s) unable to practice: _____

Exception:

Does participant have a sibling within the same league who needs to be on the same team? _____

Volunteer Coaches are needed. Please fill out the following if you are willing to coach. TRC will conduct background checks on all youth sport coaches. Criteria for exclusion will include a conviction of any felony or misdemeanor that would be considered a potential danger to children or is directly related to the functions of that volunteer.

Name _____ Shirt Size _____ Phone(H) _____

Phone(W) _____ Email _____

PARENT/GUARDIAN: I hereby state that I am fully aware of the above-described activity and that above said player has no physical, mental, or emotional conditions that would prevent him/her from fully participating in such activity, or would make him/her susceptible to injury from such participation. I further state that I hereby release the Tonganoxie Recreation Commission, its employees, volunteers, or agents from any claim that the said player might have, or others may have, for injury that he/she might sustain during his/her participation in such activity. I also state that if I am not present and an emergency arises I authorize medical attention to be administered. Please notify the Tonganoxie Recreation Commission if special accommodations may be needed for the above said player to participate in the above-described activity.

Signature _____ **Date** _____

Return to Tonganoxie Recreation Commission
521 E. 4th Street or Mail to P.O. Box 479
Tonganoxie, KS 66086
913-845-3502 www.tongierec.org

