

“Spring Baptist Church - Activities Registration Form”

Little Sluggers T-Ball \$50

Cash _____ Check _____

Players First Name: _____ Last Name: _____

Address: _____ City _____ Zip Code _____

Home Phone #'s _____ Cell #'s _____

Age _____ Grade _____ D/O/B _____ Gender: M or F

School you attend? _____ Subdivision _____

Circle one please: Shirt Size: 6-8 Small 10-12Medium 14-16Large adult small, adult medium, adult LG or XLG or XXLG

Are you a member of SBC? _____ Are you active in a local church? Y/ N

If yes where? _____

Parental Guardians Names: First _____ Last _____

Home # _____ Cell #'s _____ Wk # _____

Insurance Company _____ Doctors Name & Phone Number _____

Insurance Verification Phone Number _____

Allergies _____

****Parental Agreement:**

My child has permission to participate in the above-mentioned activity with Spring Baptist Church. In case of an accident or sudden illness to my child and in the event I cannot be contacted I hereby authorize the person in charge to refer my child to the above-mentioned physician or doctor on call for treatment.

I release Spring Baptist Church of any and all claims and liabilities of any nature individually or collectively from accidents that occur while my child is taking part in the above activity. I agree to allow my child to participate in the program and agree to the rules and regulations of this league. The coaches or assistant coaches must be members of Spring Baptist Church. They are strictly volunteers, and are here to help the kids. All coaches are required to complete a Child Awareness Program, and must complete that course to coach in our league. All non members must be assistant coaches.

PARENTS SIGNATURE:

_____ **DATE** _____

