



# **CITY OF NEW HAVEN**

## **RECREATION LEAGUE**

The “**T-Ball**” Season will begin in **early May and end the middle of June**. Registration deadline is March 15. Please call City Hall @ 549.3177 if you have any questions.

### **T-Ball - 3 & 4 year olds (\$20)**

Please complete the following information and make checks payable to:

**New Haven Recreation**

Mail the form to P. O. Box 98, New Haven, KY 40051 or drop it off at City Hall.

Players Name \_\_\_\_\_ Circle one: Female Male

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Age on April 1, 2019 \_\_\_\_\_ Shirt Size \_\_\_\_\_ Preferred Number Choice 1 \_\_\_\_\_ Choice 2 \_\_\_\_\_

If a parent would like a shirt please let your child’s coach know when they contact you.

Guardian’s Name \_\_\_\_\_ Contact # \_\_\_\_\_

Please circle one: I will coach a team. I will help coach a team. I am not interested in coach

Please list any special request \_\_\_\_\_

**Indicate Physical Limitations or medical concerns:**

I/We the parents of the above-mentioned candidate for a position on a team hereby give my/our approval to participate in any and all League activities. I/We know participation in baseball and/or softball may result in serious injuries to players, and do hereby waive, release, absolve, indemnify, and agree to hold harmless the City of New Haven, the organizers, sponsors, supervisor, participants, and persons from activities for any claim arising out of any injury to my/our child whether the result of negligence or for any other cause, except to the extent and in the amount covered by liability insurance. I/We agree in case of emergency, if family physician cannot be reached, authorize the above child to be treated by another qualified licensed physician who is available.

Parent or Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_