## Wilcox Rec Dept.

473 American Legion Rd P.O. 451 Rochelle, GA 31079 (229) 365-7712

CHILD'S NAME:		
SHIRT SIZE (PLEASE CIRCLE ONE): T2 T3 T4	T5 T6 YS YM YL AS AM AL AXL A	XXL
DATE OF BIRTH:///	MALE:FEMALE:	AGE:
Mon Day Year HOME ADDRESS:		
SCHOOL ATTENDING:		
INSURANCE COMPANY:	ALLERGIES/HANDICAPS	·
PARENT/GUARDIAN:		
Cell Phone:	HOME PHONE:	
EMERGENCY PHONE (NOT HOME PHONE): _		
EMAIL ADDRESS:		
PLEASE GIVE NAME OF SIBLING(S) PLAYING:		
PLEASE CHECK SPORT CHILD WILL BE PARTI		
BASEBALL BASKETBALL	BLAST BALL Fe	OOTBALL Flag Football
SOFTBALL T-BALL	CHEERLEADING S	OCCER
AGE GROUPS SUBJECT TO CHANGE ACCORE	DING TO REGISTRATION:	
Age on May 1 <sup>st</sup> of THIS year	Age on January 1 <sup>st</sup> of THIS year	
Blast Ball (3-4)	Blast Ball (3-4)	
T-Ball (5-6)	T-Ball (5-6)	
Jr. Midget Boys (7-8)	Girls Pitching Machine (7-8)	
Midget Boys (9-10)	Girls Pitching Machine (9-10)	
Midget Boys (11-12)	Girls Fast Pitch (11-12)	
Junior Boys (13-14)	Girls Fast Pitch (13-14)	
<ul> <li>Based upon consideration of my child being</li> <li>A. That I authorize my child to participa</li> <li>B. That I understand injuries occur;</li> <li>C. That I release the coach, his staff and child;</li> <li>D. That I authorize the Coach or the Wi occur.</li> </ul>	ate in the program; d the Wilcox County Rec. Dept. from	liability as a result of an injury to my
PARENTS would you like to volunteer to help	o coach?	
Parent/Guardian Signature:	Date:	Receipt #:

Office Use Only: Team \_\_\_\_\_