

Youth Baseball 2017

Spring Lake Recreation & Parks

P.O. Box 617 Spring Lake, NC 28390 (910) 436-0011

Eligibility: Ages 3-14 (age as of May 1st, 2017; see exception below for peewee players)

Age eligibility is NOT your child's age at time of registration, but age on or before May 1st 2017

Exception: Beginning eligible Peewee players must turn 3 on or before March 3rd 2017

Registration: Now through March 3rd 2017

(Completed registration form and birth certificate required/register online @ <https://spring-lake.recdesk.com>)

Registration Fee: \$20 for Spring Lake Residents, \$40 for Non-Residents

(Please note: **\$5 late fee applies after registration deadline**; not all Spring Lake addresses are considered to be inside the limits of the Town of Spring Lake. For example: Addresses that may be listed with a Spring Lake address and zip code but are in these jurisdictions' (Harnett, Lee County, etc) are not considered residents.



Please indicate (circle) the age group that your child will play:

Peewee Ball 3-4 T-Ball 5-6 7-8 Rookie League 9-10 Minor League 11-12 Major League 13-14 Junior League

Girls Softball Only:

9-10 11-12 13-14

My child played for _____ team last season (if in Spring Lake)

Child's Name _____

Date of Birth _____ Age as of May 1, 2017 _____

Address _____

Gender: Male or Female Race: _____

Telephone Number _____

County of Residence _____

Cell Number _____

E-mail Address _____

School Name _____ Grade _____

Would you like to volunteer to help with your child's team:

___yes ___no

Your child's t-shirt size:

Youth _____

or

Adult _____

Please read and Sign: I give my child permission to participate in the above named activity. I understand that Spring Lake Recreation requires insurance coverage on all participants. I am fully aware that this activity could cause injury to my child. In the event of an injury, I will not hold the Town of Spring Lake, their volunteers, employees, agents and/or representatives responsible or liable. I also give the Spring Lake Recreation Department permission to seek medical attention to my child as deemed necessary by the Recreation Staff. I also sign my child up with the knowledge that school night activity is involved and that some out of town play could take place. I also understand that my registration fee is strictly administrative and does not entitle me to a uniform or trophy.

Parent's Printed Name: _____

Parent's Signature: _____

Office use only: Resident ___ Non-Resident___ (check one)

RECDESK Payment ID # _____

Invoice # _____ Date _____ Paid by credit/cash/check# _____ Amount\$ _____ Birth Certificate ___ Initial _____