

GARDEN CITY RECREATION DEPARTMENT



Baseball AGE CONTROLL DATE IS SEPT. 1ST OF CURRENT YEAR
Softball AGE CONTROLL DATE SEPT. 1ST OF CURRENT YEAR



\$25.00 per player (Check, Money Order, Credit/Debit)

☐ **Baseball**

☐ **Softball**

☐ **T-ball**

Age groups (6-8) (9-10) (11-12)(13-14)

Age groups (6-8) (9-10) (11-12)(13-14)

Ages 4-5 & 6 coed

Participants Name _____ Age _____ Date of Birth ____/____/____ sex _____

Address _____ Home Phone _____

City _____ State _____ Zip Code _____

Fathers Name _____ Cell Number _____ Email _____

Mothers Name _____ Cell Number _____ Email _____

Emergency Contact _____ Phone _____ Phone _____

Health Comments (Allergies, health issues) _____

Are you interested in volunteering with Garden City Recreation Dept.? Yes _____ No _____

Coach _____ Asst. Coach _____ Team Parent _____ Concession Stand worker _____

Would your company be interested in sponsoring a team or putting a sign at the field? Y__N__ (\$300.)

I agree to abide by the rules and regulations as set forth by the Garden City Recreation Department.

I understand that the Garden City Recreation Department staff will assign my child to a team. I fully accept the decision of the recreation staff regarding team selections.

I will conduct myself with a positive attitude towards Recreation Department Staff, coaches, opposing team, fans and officials during the course of the season. I understand that failure to follow this principle may lead to punishment by the Garden City Recreation Department staff, which may include but not limited to suspension from the Garden City Recreation Department events. I support the Garden City Recreation Department youth sports philosophy, which is based on participation, fun, physical fitness, and health, skill development, teamwork, fair play, family involvement and volunteer leadership.

I hereby certify that my child is in normal health and capable of safe participation in the youth sports program. I understand that injuries may occur and that Garden City Recreation Department does **Not** carry supplement insurance. I also understand that the Garden City Recreation Department may require some or all of the sports equipment assigned to my child to be turned in at the conclusion of the season. Failure to do so will result in a fee being charged to cover the cost of the equipment, all printing, charges, set-up and all shipping incurred by the City of Garden City.

***** Garden City Recreation Office 402 Market St. Savannah, Ga. 31408 912- 966-7788 *****

Parent signature _____ date _____

WHAT SCHOOL DOES CHILD ATTEND? _____

Starting February.

2011

The Sports participation fee will be \$35 for Players living outside of the Garden City City limits. The fee for Garden City residents will remain @ \$25 per sport.