

ASHDOWN CITY PARK
2020 BASEBALL & T-BALL REGISTRATION



Player Name _____
First MIDDLE LAST

Address _____ City _____ Zip Code _____

Home Phone _____ Cell Phone _____

Birth Date _____ Age as of May 1st, 2020 _____ Gender (M/F) _____

***COPY OF BIRTH CERTIFICATE MUST
 BE TURNED IN WITH REGISTRATION FORM***

Please mark an “X” in one of the below divisions:

3&4(T-Ball)___ 5&6 (T-Ball)___ 7&8___ 9&10___ 11& 12___ 13&14___

Shirt Size _____ Cap Size _____
Y-S, Y-M, Y-L, Y-XL Y-S, Y-M, Y-L, Y-XL Adult S, M. or L

Team played on last year _____

I, _____ (Please Print) Parent/Guardian of the above named player, a minor, agree that the registrant and I will abide by the rules of the Ashdown City Park, its affiliated leagues and organizations. Recognizing the possibility of physical injury associated with the Park programs, I hereby release, discharge, and otherwise indemnify the Ashdown City Park, its leagues and organizations, employees and associated personnel against any claim by or on behalf of the registrant as a result of their participation in programs.

Do you have a sibling or legal dependent in the same age group? YES or NO
 If yes, please list their Name _____

Parent/Guardian’s Signature _____ Date _____

Registration Fee: \$50.00
Sign-up at Ashdown City Hall – 7 a.m. to 3:30 p.m. Mon. thru Fri.

SIGN-UP STARTS JANUARY 6, THRU FEBRUARY 7, 2020
 ANY SIGN-UPS AFTER FEBRUARY 7TH WILL BE PUT ON WAITING LIST

NO REFUNDS AFTER THE DRAFT IS DONE.

Please circle the areas you would be willing to help in our program.

Coach Asst. Coach Team Sponsor

FOR OFFICE USE ONLY
 Date Received _____ Amount Received \$ _____ Pmt Type: Cash or Check # _____ Receipt # _____