



Clyde L. Gracey Community Center  
5629 Byrom St., Milton, FL 32570  
Phone: 850-983-5466  
Email: bgamblin@miltonfl.org

Tri-County Use Only

## BASEBALL REGISTRATION FORM 2022

REGISTRATION FEE: \$80/CHILD UNTIL FEB. 1; THEN THE FEE IS \$110

NO REFUNDS AFTER YOU REGISTER - MAKE CHECKS PAYABLE TO: CITY OF MILTON

T-ball ages 5 – 6; Coach Pitch ages 7 – 8; Player Pitch ages 9 – 11; Middle School ages 12 – 14.  
(Age as of May 1, 2022) ***Your child is not registered until payment is made!***

Child's Legal Name: \_\_\_\_\_

Names of siblings registered in the same age group/division: \_\_\_\_\_

Age: \_\_\_\_\_ (Age as of May 1, 2022) Date of Birth: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Jersey Size: **YS YM YL YXL AS AM AL AXL**

Jersey # (Pick 4 Preferences): \_\_\_\_\_  
(Numbers must be 1- 50)

I give the City of Milton permission to use my child's image and likeness for marketing purposes. \_\_\_\_\_

All trophies left after 30 days will no longer be available.

### PARENT AGREEMENT

*I, the parent or legal guardian of the above named child, give my consent for participation in all team activities during the season. I understand there is a risk of injury involved and I assume all risks and hazards incidental to such participation and waive, release, absolve, indemnify and hold harmless the City of Milton, the organizers, sponsors, supervisors and participants. **I also understand there are no refunds of the registration fee.** I understand that my child will be expected to attend all practices and games and it's my responsibility to ensure that he/she does so. I also assume the responsibility of providing my child the transportation needed. Should it be necessary for my child to miss a practice or game, he/she will follow the pre-set rules enforced by the team manager or coach.*

*In case of my absence or unavailability, I do hereby give my permission for my child to obtain emergency services by any active staff member or emergency personnel. I also assume full responsibility for the bill.*

By my signature below I understand and agree to all the above.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### BELOW FOR CITY USE ONLY

Amount Paid: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Initials of City Representative: \_\_\_\_\_