



Locust Recreation and Parks Department Athletic Permit for Baseball/Softball

Office Use Only:
Date _____
Cash/CH# _____
Amount _____
Received By _____

PO Box 190, Locust, NC 28097

704-888-5260

Child's Complete Name: _____ Sex (M/F): _____

First Middle Last

Address: _____ Birth Date (MM/DD/YY): _____ Age: _____

City: _____ State _____ ZIP: _____ Home Telephone: (____) _____

Parents/Legal Guardians: _____ Business Telephone: (____) _____

Emergency Contact: _____ Telephone: (____) _____

Email Address: _____ (for future program updates)

Did your child play this sport last year? Yes _____ No _____ If yes, what team? _____

Will Parent coach or assist in coaching a team? Yes _____ No _____ (Please circle head or assistant)

School Attend: _____

Registration Fees: \$75.00

Late Registration (after Feb. 25th 2012): \$85.00

*****No Refunds will be given two weeks after registration closes.*****

Authorization and Release

I hereby give my permission, for the above named child to participate and be involved in the City of Locust's Department of Recreation Program of Youth Baseball/Softball. By this authorization, I hereby approve of the program and accept the facilities, equipment, supervision and the instructor as being satisfactory for the above named person. I have been given the opportunity to inspect the premises and equipment and have talked with the instructor, or waive the right to do so. I hereby release the City of Locust, its employees, and Dixie Youth from any and all damages on behalf of the above named person and on my behalf, which would or could be based on the qualification of the instructor and the adequacy of the supervision, facilities, or equipment used in the previously named program.



Parent/Legal Guardian Signature

Date

Print Name



USEFUL INFORMATION

T-Ball- Child **must** be 4 yrs. old by May 1, 2012

If this is your 1st year participating then you **must** play where you live or where you attend school.