



TEE BALL (AGES 3-4): BARNES YMCA FIELD | AGES 5-12: MCDONALD HUGHES FIELDS

Registration Now Open DEADLINE: MARCH 10









\$50/PLAYER*

*FINANCIAL ASSISTANCE AVAILABLE IF NEEDED

REGISTER ONLINE OR AT THE MCDONALD HUGHES CENTER:

3101 MLK JR BLVD
TUSCALOOSA, AL 35401
205-562-3215

BIRTH CERTIFICATE REQUIRED





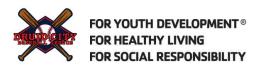








Druid City Baseball Registration Form



Contact Information

| Parent's Name: | | //_DL#: | |
|--|---|--|--|
| Address: | City: | State: Zip: | |
| Phone: | Email: | | |
| Emergency Contact: | Phone: | | |
| Child's Info: | | | |
| Name: | □ M □ F DOB:/_ | / Sport: | |
| Any medical conditions to be aware of: | | Youth Jersey Size (circle): XS S M L | |
| Medications: | Preferred Jersey Number (please list top three choices): | Other Size (please specify): Youth Pants Size (circle): XS S M L Other Size (please specify): | |
| If you played in the league last year, what tea | am/who was your coach? | | |
| Name: | | | |
| Any medical conditions to be aware or. | | Youth Jersey Size (circle): XS S M L | |
| Medications: | Preferred Jersey Number (please list top three choices): | Other Size (please specify): Youth Pants Size (circle): XS S M L | |
| If you played in the league last year, what tea | am/who was your coach? | Other Size (please specify): | |
| Office Use Only | | | |
| Payment Date:/ | | | |
| Payment Type: ☐ Cash ☐ Credit Card ☐ I | ETF | | |
| Total Paid \$ Staff Initials: | | | |
| | Druid City Baseball Waiver Please initial each statement listed below | | |
| I understand the YMCA of Tuscaloosa and PARA assumes no respathletics, sports programs, the use of any equipment, exercise which may result from his/her participation in these activities activities. I also understand that there is a risk of injury while pand volunteers for accidents or injuries arising out of his/her camp by the family physician stating he/she isfree of commuremergency, I hereby give permission to the physician selected by understand that no accident or medical insurance is provided with photographs, film footage, or tape recordings which may include and release the YMCA of Tuscaloosa and PARA from any claim of authorized YMCA of Tuscaloosa or PARA trips and to ride in author HAVE READ AND AGREE TO ALL THE POLICIES SET FORTH IN The | es or other activities. I expressly acknowledge that my child has been medica participating in physical activity by my child. I agreparticipation in the activity. I agree to have my nicable disease and has not been exposed to sury the YMCA of Tuscaloosa or PARA to secure and with this activity. I give permission to the YMCA or emy child's image or voice for purposes of promo f liability to that use. I give my consent for my chiorized vehicles for the purpose of transportation in | that I assume the risk for any and all injuries and all illnesses ally cleared to participate in vigorous physical ree to hold harmless the YMCA of Tuscaloosa, PARA, its staff child examined within a reasonable time period prior to each. In the event that I cannot be reached in an administer treatment including hospitalization for my child. In the treatment including or interpreting YMCA of Tuscaloosa's or PARA's programs ild to leave the YMCA of Tuscaloosa or PARA site, participate in connection with the YMCA of Tuscaloosa or PARA programs. I | |
| I (We) understand that cancellation requests must be so No refunds will be issued for cancellations received aftor | = : | ractice in order to receive a full refund. | |
| I HAVE READ AND VOLUNTARILY SIGN THIS WAIVER AND AGR | REE, INDIVIDUALLY AND ON BEHALF OF LISTED (| CHILD OR WARD, TO BE BOUND BY ITS TERMS. | |

Primary Adult Signature: _____ Date: _____