



SPRING 2023

## COED LEAGUE FOR AGES 3-12

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**



**WWW.TCPARA.ORG/ATHLETICS/BASEBALL**



# Druid City Baseball Registration Form



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## Contact Information

Parent's Name: \_\_\_\_\_ ☐ M ☐ F DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ 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 team/who was your coach? \_\_\_\_\_

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 team/who was your coach? \_\_\_\_\_

## Office Use Only

Payment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Payment Type: ☐ Cash ☐ Credit Card ☐ 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 responsibility for injuries or illnesses which my child may sustain as a result of his/her participation in day camps, athletics, sports programs, the use of any equipment, exercises or other activities. I expressly acknowledge that I assume the risk for any and all injuries and all illnesses which may result from his/her participation in these activities. I acknowledge that my child has been medically cleared to participate in vigorous physical activities. I also understand that there is a risk of injury while participating in physical activity by my child. I agree to hold harmless the YMCA of Tuscaloosa, PARA, its staff, and volunteers for accidents or injuries arising out of his/her participation in the activity. I agree to have my child examined within a reasonable time period prior to camp by the family physician stating he/she is free of communicable disease and has not been exposed to such. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the YMCA of Tuscaloosa or PARA to secure and administer treatment including hospitalization for my child. I understand that no accident or medical insurance is provided with this activity. I give permission to the YMCA of Tuscaloosa or PARA, without limitation or obligation to use photographs, film footage, or tape recordings which may include my child's image or voice for purposes of promoting or interpreting YMCA of Tuscaloosa's or PARA's programs and release the YMCA of Tuscaloosa and PARA from any claim of liability to that use. I give my consent for my child to leave the YMCA of Tuscaloosa or PARA site, participate in authorized YMCA of Tuscaloosa or PARA trips and to ride in authorized vehicles for the purpose of transportation in connection with the YMCA of Tuscaloosa or PARA program. I HAVE READ AND AGREE TO ALL THE POLICIES SET FORTH IN THIS WAIVER BY THE YMCA OF TUSCALOOSA and PARA. \_\_\_\_\_

(initial)

I (We) understand that cancellation requests must be submitted in writing prior to the first team practice in order to receive a full refund.

No refunds will be issued for cancellations received after the first practice. \_\_\_\_\_ (initial)

I HAVE READ AND VOLUNTARILY SIGN THIS WAIVER AND AGREE, INDIVIDUALLY AND ON BEHALF OF LISTED CHILD OR WARD, TO BE BOUND BY ITS TERMS.

Primary Adult Signature: \_\_\_\_\_ Date: \_\_\_\_\_