

Baseball \$85/Thall \$65

PCB Youth Baseball Registration



Child's Name _____ Phone _____

Street Address _____ City _____

State _____ Zip _____ Guardian's Email Address _____

Primary Guardian Name _____ Phone _____

Secondary Guardian Name _____ Phone _____

Secondary Guardian Address (If different) _____

Emergency Contact _____ Phone _____

Birth Date ___/___/___ Male _____ Female _____

Print name(s) of siblings in the same age group that want to be on the same team? _____

NOTE: There are NO SPECIAL REQUESTS! Practices and Games are Monday thru Friday. Each participant is responsible for their own glove. Rubber cleats are optional. No metal cleats. No jewelry is allowed. All piercings need to be removed NO EXCEPTIONS! No Refunds.

*****Cotton Shirt, Pants, & Hat included with registration fee for individuals not a part of local and visiting teams.*****

Age Group	Cotton Shirt Size		Pants Size	
*Age as of 5/1/2016				
___ Div. 1 (7-8)	___ YS	___ AS	___ YXS	___ AS
___ Div. 2 (9-10)	___ YM	___ AM	___ YS	___ AM
___ Div. 3 (11-13)	___ YL	___ AL	___ YM	___ AL
___ T-Ball (4-6)		___ AXL	___ YL	___ AXL
		___ AXXL		___ AXXL

VOLUNTEER COACHES: Please ask for a coaches packet

PARTICIPATION PERMISSION: I as an adult 18 and older and the parent or legal guardian of the above named participant, hereby give my approval to participate in the activity described above. I assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities.

I understand that supervision is only during the hours of scheduled practice and games. I also give the City of Panama City Beach permission to take pictures during practices and games for publicity purposes.

I hereby release, absolve, indemnify, and hold harmless the City of Panama City Beach, the organizers, sponsors, supervisors, representatives, employees, volunteers and any or all of them from any injuries I may or my child may sustain as a participant in these activities. Participants are involved at their own risk. Registration fees do not provide for insurance.

Further, I hereby grant the City of Panama City Beach Parks & Recreation Department staff as agent(s), for the undersigned to consent to any X-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act, whether such diagnosis, or treatment is rendered in physician's office or hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis treatment or hospital care which the physician, in the exercises of his best judgment, may deem advisable.

Signature of Parent or Legal Guardian _____

Date _____

***Awards- All players receive participation medallions.

The city does not sponsor post-season play. Traveling teams are voluntary. ***

For Office Use Only

Receipt Number _____	Playing Age
Check # _____ Cash Amount _____ C.C. _____	
Received By: Drop Box _____ Mail _____ In Person _____	