

Town of White Pine
Parks & Recreation
T-Ball Registration form

Player Information

Player Name: _____ DOB: _____

Gender:(please circle) male female Age: _____

Address: _____ City: _____

Phone number:(____)____-_____ please circle

cell home

Parent/Guardian Information

Parent/Guardian #1

Parent/Guardian #2

Name: _____

Name: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

Interested in volunteering

Interested in volunteering

Please circle yes no

Please circle yes no

Medical Information:

Emergency Contact: _____

Relationship to player: _____

Phone: _____