

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: \_\_\_\_\_

Please email to [parcs&rec@whitepinetn.gov](mailto:parcs&rec@whitepinetn.gov)