



1231 Bonansinga Dr. - Quincy, Illinois 62301-1762
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quincyparkdistrict.com

2020 T-Ball -Registration Form

2020 FEES:*T-Ball* **Ages 3-4 TBALL \$30 by 4/24 After 4/24 \$40**
Ages 5-6 TBALL \$40.00 By 4/24, After 4/24 \$50.00

Registration Deadline – May 1st

Register On-line: quincyparkdistrict.com

FIRM DEADLINE: NO REGISTRATION ACCEPTED AFTER MAY 1st

Coach’s Meetings will be held on May 11th at 6 PM for 3-4 TBALL and 7 PM for 5-6 TBALL. T-Ball Games will begin week of June 1st. Please return the completed form below to the Quincy Park District Office, 1231 Bonansinga Dr., Quincy, 62301. Incomplete Registration Forms will not be accepted. All players will receive a T-shirt and hat.

T-SHIRT SIZE (SIZES RUN SMALL) 6/8 10/12 14/16 Adult S Adult M Adult L Adult XL Adult XXL

PLEASE PRINT

CHILD’S NAME _____ GENDER (circle one) Male Female

PARENT/GUARDIAN _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE () _____ - _____ EMERGENCY () _____ - _____ SCHOOL _____

E-MAIL _____ @ _____ AGE _____ DATE OF BIRTH ____/____/____ GRADE ('18/'19) _____

SPECIAL REQUESTS: COACH _____ TEAMMATES _____

Note: Changes to registration forms and team rosters CANNOT be made after May 3rd

DIVISIONS (Please Check Appropriate Division)
 3-4 TBALL Ages 3 & 4 _____(Co-Ed) League Girls & Boys
 T-Ball - Ages 5 & 6 _____(Co-Ed) League Girls & Boys

WE NEED YOUR HELP! We need great volunteers to serve as **Coaches** and **Assistant Coaches**. If you are interested in helping, please indicate by filling in the following information.

NAME _____ I volunteer to be a COACH _____ ASSISTANT COACH _____

CONTACT NUMBER (DAY) _____ E-MAIL _____

Do you know someone who would like to be an Assistant Coach? NAME _____ Phone _____

Waiver / Release of All Claims and Hold Harmless Agreement for the Quincy Park District

In signing this waiver, you will be releasing all claims for injuries arising out of this program that you or the above named participant might sustain. The term “I” also refers to parents as well as guardians as well as the participants in the program. As a participant in the program, I am fully aware that accidents and / or injuries may occur during the conduct of this program activity and do fully agree to absolve the Quincy Park District, elected or appointed officials, including all employees and program staff from all personal liability as the result and conduct of said program.

Parent/Guardian Signature _____ Date _____