

Mountain Home Parks and Recreation

L. C. SAMMONS YOUTH CENTER
1101 Spring Street, Mountain Home, AR 72653

Phone 870-424-7275
Fax 870-424-7282
www.mountainhomeparksandrec.com

MHP&R RECREATIONAL YOUTH BASEBALL 2019 REGISTRATION FORM

FEE: \$20.00 AGES 4-5 (T-BALL)
\$30.00 AGE 6 (COACH PITCH) IF ENOUGH PARTICIPANTS - IF NOT THE 6 YEAR OLDS WILL BE PLACED WITH AGES 7-8
\$30.00 AGES 7-8 ROOKIE
\$50.00 AGES 9-10 MINOR, 11-12 MAJOR, & 13-15 BASEBALL
REGISTRATIONS AFTER MARCH 2ND WILL ONLY BE ACCEPTED BASED ON EXTENUATING CIRCUMSTANCES
A PLAYER CAN PLAY UP IN AGE BUT NOT DOWN IN AGE
MAKE CHECKS PAYABLE TO MHP&R

AGE AS OF APRIL 30TH 2019: _____

DATE OF BIRTH: _____

GENDER (CIRCLE ONE) M F

PLEASE PRINT
NAME (FIRST AND LAST): _____ AGE: _____

T-SHIRT (IN YOUTH SIZE): _____ OR (IN ADULT SIZE) _____ BASEBALL PANTS (IN YOUTH SIZE): _____ OR (IN ADULT SIZE) _____

EMAIL: _____

HOME PHONE: _____ CELL PHONE: _____

MOTHER (FIRST AND LAST NAME): _____ WORK PHONE: _____

FATHER (FIRST AND LAST NAME): _____ WORK PHONE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

SPECIAL REQUESTS: (EXAMPLE: SIBLING ON SAME TEAM) _____

AS THE PARENT/LEGAL GUARDIAN OF THE ABOVE NAMED MINOR, I HEREBY WAIVE, AND FOREVER DISCHARGE ALL CLAIMS AGAINST THE CITY OF MOUNTAIN HOME, ALL EMPLOYEES, VOLUNTEERS, COMMISSIONERS OR AGENTS, FOR DAMAGES AND / OR INJURIES WHICH MAY ARISE FROM PARTICIPATION IN THE YOUTH ACTIVITY FACILITY STAFF TO SEEK MEDICAL TREATMENT FOR THE ABOVE NAME MINOR IN CASE OF EMERGENCY OR FOR INJURIES THAT MAY BE RECEIVED WHILE PARTICIPATING IN THE YOUTH BASEBALL PROGRAM.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

VOLUNTEER COACHES AND SPONSORS ARE NEEDED: IF WILLING, PLEASE CHECK _____

COACH-NAME: _____ PHONE: _____ SHIRT SIZE _____

SPONSOR (\$300) BUSINESS/COMPANY NAME: _____

CONTACT PERSON: _____ PHONE: _____

RECEIPT # _____

REVISED 2/12/19 4:54PM

CHECK # (OR CASH AMOUNT) _____