

## Tamassee-Salem Recreation Department

5A Park Avenue  
Salem, SC 29676



### Spring Sports Registration Form

Child Name: \_\_\_\_\_

Please Circle Child's Age Group (in one selected sport):

<u>T-Ball</u>	6 & Under			
<u>Baseball</u>	8 & Under	10 & Under	12& Under	14&Under
<u>Softball</u>	8 & Under	10& Under	12& Under	15& Under
<u>Volleyball</u>	10 & Under	12 & Under	14 & Under	

(Age group based on age as of May 1<sup>st</sup> teams based on participation)

Childs DOB: \_\_\_\_\_ Current Age: \_\_\_\_\_ Male  Female

#### Contact Information:

Parent/Guardian Name: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

#### Uniform Information:

T-Ball/Baseball/Softball: Jersey Size	Small	Medium	Large	X-Large
YOUTH				
ADULT				

Volleyball: Jersey Size	Small	Medium	Large	X-Large
YOUTH				
ADULT				
Short Size	Small	Medium	Large	X-Large
YOUTH				
ADULT				

#### Medical Conditions:

*Accidental Insurance is included in your fee. This is a mandatory charge.*

Fees: \$60.00-A mandatory \$60 PAYMENT is due at sign up. TS Recreation also reserves the right to refuse refunds at the discretion of the TS Recreation department. *Team Placement-Only siblings and coaches' children are guaranteed same-team placement.*

#### Parental Permission:

By signing below, I authorize the child named above to participate in the Tamassee-Salem Recreation Department Sports Program. I hereby release any Recreation or Civic Group directly involved in play with Tamassee-Salem Recreation Department. I assume all risks hazards incidental to participation in the program. I also, grant the right for any adult associated with Tamassee-Salem Recreation Department to seek medical treatment needed for my child should they become ill or injured in my absence. I also agree to accept all responsibility for any costs incurred in seeking and obtaining this treatment. I also authorize Tamassee-Salem Recreation Department to release photos of my child for Newspaper articles, bulletin boards, or etc, with the guarantee that it will not be misused in any way. Photos are strictly used to recognize children and their accomplishments.

I have read, understand and have obtained a copy of the Coach's and/or Parents' Code of Ethics. These will be enforced to insure the confidence and instructional learning for all the children. I understand that violations will result in disciplinary action.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

**MANDATORY PAYMENT OF \$60.00 NO EXCEPTIONS**  
**TURNED IN WITH SIGN UPS AT SALEM TOWN HALL**