



# 2019 SPRING LEAGUE REGISTRATION FORM

## Advanced Play League 7 & 8 Year Olds

### Cal Ripken Baseball - Levy Park

All Players who do not make this league are encouraged to register for the PRNA Atom or Cub League program. Please call Parks, Recreation & Neighborhood Affairs for further information, 891-3866.

Players may only register in one PRNA endorsed baseball program during this season.

#### REGISTRATION DATES

Online: [Levypark.siplay.com](http://Levypark.siplay.com)  
(deadline January 17)

On-Site: January 15,16,17 • 6:00-8:00pm  
Levy Park Concession Stand

Drop Off: Myers Park Offices  
(912 Myers Park Dr)

\*\*Birth Certificate, Fee, & Proof of Residency are required\*\*

#### SEASON DATES

January - May 2019

#### VOLUNTARY SKILLS CLINIC

Monday, January 14, 6-8pm, Fee: \$25  
*Attendance is NOT MANDATORY*

#### MOCK TRYOUT

Wednesday, January 16, 6-8pm, Fee: \$25  
*Attendance is NOT MANDATORY*

#### TRYOUTS

Saturday, January 19, Time TBA  
**ATTENDANCE IS MANDATORY**

#### WHAT TO BRING

Players should bring their glove and bat.  
Catchers should also bring their equipment

#### WHO

7 & 8 year olds  
Players cannot turn 9 before May 1, 2019.  
For players who reside in Tallahassee/Leon County

#### COST

\$75 payable to LEVY PARK APL at registration

If additional information is required, contact the Levy Park President, Julie Cosper at [JBCosper919@gmail.com](mailto:JBCosper919@gmail.com) or [www.LevyPark.si.play.com](http://www.LevyPark.si.play.com)

League sponsored by: PRNA and Council of League Presidents of Tallahassee



PLAYER'S NAME \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

SHIRT SIZE \_\_\_\_\_ FIELD POSITION \_\_\_\_\_

OTHER SPRING COMMITMENTS \_\_\_\_\_

MEDICAL CONDITIONS \_\_\_\_\_

PARENT NAME \_\_\_\_\_ • PARENT NAME \_\_\_\_\_

ADDRESS/ZIP \_\_\_\_\_ • ADDRESS/ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ TXT # \_\_\_\_\_ • PHONE \_\_\_\_\_ TXT # \_\_\_\_\_

EMAIL \_\_\_\_\_ • EMAIL \_\_\_\_\_

ARE YOU INTERESTED IN BEING A: HEAD COACH \_\_\_\_\_ ASSISTANT COACH \_\_\_\_\_

RESIDENCY: CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ OTHER \_\_\_\_\_

By my signature below, I understand that participation in sports may cause injuries. I agree by my signature below that in the event my child is disabled, injured or incurs a disease of temporary or permanent nature that I will waive all claims or liabilities against the City of Tallahassee, City of Tallahassee Parks, Recreation & Neighborhood Affairs Department (PRNA), Council of League Presidents of Tallahassee (COLP), and Volunteer Park Associations. I hereby certify and take full responsibility that my child's age and address as shown above are correct and meets the requirement of league and zone rules indicated on this registration form. PRNA reserves the right to photograph/video facilities, activities, and program participants for potential future use. All photos/video will remain the property of PRNA and may be used for publicity or promotion purposes only.

<b>PARK USE ONLY</b>
TEAM: _____
AMT PD: _____
CHK# _____

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_