

**Town of Flagler
2020 Summer Recreation Program
Registration/Permission**

Place an "X" on which program you are registering your child for:

B / G	Midget	Ages 4-6 as of	05/01/20	35.00	_____
B / G	T-BALL	Ages 7 & 8 as of	05/01/20	35.00	_____
B / G	Machine Pitch	Ages 8 & 9 as of	05/01/20	35.00	_____
B / G	CAL RIPKIN	Ages 9 – 12 as of	05/01/20	35.00	_____

CHILD'S NAME: _____

Age _____ **Birth Date** _____

Emergency Tele # _____
Name: _____ Telephone _____

2nd Emergency Tele # _____
Name: _____ Telephone _____

RELEASE OF LIABILITY

I, hereby certify that my child, _____ has permission to participate in the recreation activity, baseball, sponsored by the Town of Flagler Recreation Department. I realize there is some risk of injury while being involved in this program, and I will not hold the Town of Flagler, the Flagler School or any of their employees and or volunteers liable for such injury. Any emergency medical attention the supervisor of this activity deems necessary may be given by a competent provider, if the guardian listed below cannot be contacted immediately.

Parent/Guardian Name: _____

Address: _____

Telephone _____

Cell _____ **Do You Text?** YES or NO

Physician _____ **Telephone** _____

PARENT/ GUARDIAN SIGNATURE

Shirt Size

Please circle one

XS 2-4
S 6-8
M 10-12

L 14-16
Adult S M L XL