



15100 Hubbard  
Livonia, MI 48154  
734-466-2900

# 2019 Fall Coed T-Ball & Coach Pitch Registration Form

**This is an introduction to the concept of baseball. Youngsters get instruction and scrimmage with other teams. Sportsmanship and fun are stressed. Participants receive a t-shirt and hat. Fall T-Ball & Coach Pitch runs from mid-August to Early October**

To be placed on a team, all registration form(s) & payment must be received by July 12<sup>th</sup>. Forms & payment can be mailed to or submitted at the Jack E. Kirksey Recreation Center. Any registration received after July 12<sup>th</sup>, will be put on waitlist registration, where spots are filled if there is space on teams.

***WE NEED VOLUNTEER COACHES! IF INTERESTED, PLEASE SEE THE REVERSE SIDE!***

### REGISTRATION INFORMATION

OPEN REGISTRATION: June 4-July 12, 2019 | WAITLIST REGISTRATION: July 15-July 19, 2019

**AGE (As of Sept. 1, 2019)**

T-Ball: 5-6 years old | Coach Pitch: 7-8 years old

**COST**

Residents: \$40 | Non-Residents: \$50

**PRACTICES & SCRIMMAGES:**

T-Ball: Mondays & Wednesdays | Coach Pitch: Tuesdays & Thursdays

#### CHECK

**MAKE CHECK PAYABLE TO:** CITY OF LIVONIA  
**MAIL TO OR WALK IN TO:**  
CITY OF LIVONIA  
DEPARTMENT OF PARKS AND RECREATION  
15100 HUBBARD  
LIVONIA, MI 48154-3097  
**PLEASE DO NOT SEND CASH**

#### CREDIT CARD

MASTERCARD

VISA

Cardholder's Name \_\_\_\_\_  
(Please Print Clearly)

Card # \_\_\_\_\_ V-Code \_\_\_\_\_

Exp. Date \_\_\_\_\_ Amount \_\_\_\_\_

Authorized Signature \_\_\_\_\_

**MAIL OR FAX THIS FORM TO: 734-466-2679**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**CIRCLE ONE (Age as of September 1, 2019):**                      5/6 T Ball                                      7/8 Coach Pitch

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**Email Addresses (for payment receipt & Roster information, one required)**

1. \_\_\_\_\_ 2. \_\_\_\_\_

Preferred Phone \_\_\_\_\_ School Attending \_\_\_\_\_

**Name(s) of no more than two (2) friends wishing to be on team with:**

1. \_\_\_\_\_ 2. \_\_\_\_\_

Shirt Size Requested (Circle):    YS   YM   YL   YXL   AS   AM   AL   AXL

**Medical Conditions We Should Be Aware Of:** \_\_\_\_\_

**PARENTS NOTE:** The Livonia Department of Parks and Recreation, its officials and representatives, either employed or voluntary, assume no responsibility whatever for any injury by the participant in the activity shown above. Further, to the best of my ability, I hereby certify that I/my child is in good health and physically able to participate in this activity and acknowledge the above medical conditions. And that all entries accepted with the understanding I/my child agree to abide by the rules and regulations of the department. I also grant permission to use photographs taken of me/my child for departmental marketing purposes. *Please contact our office if you do not want photographs taken.*

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

Staff \_\_\_\_\_  
Date \_\_\_\_\_  
Amount Received \_\_\_\_\_

**Notes:**

1. We ask that all players wear active/tennis shoes (plastic molded cleats are allowed). Players are responsible to supply their own baseball glove and helmet.
2. Individuals may not register as a whole team. If your child wants to be teamed up with a friend, the friend must be in the same age group as your child. Please put **no more** than two (2) friends name on the front of the registration form.
3. Volunteer coaches are needed to insure the success of the program. If you can coach a team, please fill out the background check information below. If you cannot coach, please volunteer to umpire at the games you attend.
4. These leagues are instructional and recreational by nature. No scores will be kept. Winning or losing is not to be stressed, but please encourage good sportsmanship, instruction and fun.
5. Please be assured that it is not our policy to sell your email address and we do not solicit our patrons through email.

***PLEASE FILL OUT FORM BELOW IF VOLUNTEERING TO COACH/MANAGE.  
ALL PERSONAL INFORMATION IS KEPT CONFIDENTIAL***

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**LIVONIA PARKS & RECREATION  
YOUTH SPORTS VOLUNTEER  
Consent/Release Form**

Applicant's Name (print) \_\_\_\_\_

**Circle:** T Ball (5-6)    Coach Pitch (7-8)                                 **Role:**    Head Coach                                 Assistant Coach

Shirt Size Requested: AS AM AL AXL AXXL

Applicant's Phone Number \_\_\_\_\_ Requested Coaching Partner \_\_\_\_\_

Applicant's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Drivers License Number \_\_\_\_\_

Applicant's Email Address \_\_\_\_\_

Child's Name \_\_\_\_\_ Child's School \_\_\_\_\_

I, \_\_\_\_\_, authorize and give consent for the above named Organization to obtain information regarding myself. This includes the following:

- Criminal background records/information
- Sex offender registry check
- Driver's license check
- Training/experience
- Personal references
- Addresses

I, the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my volunteer application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the Organization's guidelines.

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_