



2019 SPRING LEAGUE REGISTRATION FORM

Advanced Play League 9 & 10 Year Olds

Cal Ripken Baseball - Levy Park

This league will consist of 6 teams (66 players). All Players who do not make this league are encouraged to register for the PRNA 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
(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****

WHO

9 & 10 year olds
Players cannot turn 11 before May 1, 2019.
For players who reside in Tallahassee/Leon County

COST

\$75 payable to LEVY PARK APL at registration

SEASON DATES

January - May 2019

VOLUNTARY SKILLS CLINIC

Tuesday, January 15, 6-8pm, Fee: \$25
Attendance is NOT MANDATORY

MOCK TRYOUT

Thursday, January 17, 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

If additional information is required, contact the Levy Park President, Julie Cosper at JBCosper919@gmail.com or 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.

PARK USE ONLY	
TEAM:	_____
AMT PD:	_____
CHK#:	_____

SIGNATURE _____ **DATE** _____