



YOUTH SOFTBALL

CHOOSE YOUR LEAGUE:

(A player may register for only one league)

- Rookie League (Coach Pitch) (ages 6 - 8)
- Minor League (Fast Pitch) (ages 8 - 10)

CHOOSE YOUR LOCATION:

- Buck Lake
- Conley
- Levy
- McLean
- Meridian
- Winthrop

COST: \$40.00 (\$50 after FEB. 9)

For those receiving public assistance, the Notice of Action letter from the Department of Children & Families, with current coverage dates, can be submitted at time of registration for an 80% fee waiver.

Fee Waiver: \$8.00 (\$18.00 after Feb. 9)

- Major Fast Pitch (Player Pitch) (ages 11 - 13)

- Lafayette
- Meridian

COST: \$45.00 (\$55 after FEB. 9)

For those receiving public assistance, the Notice of Action letter from the Department of Children & Families, with current coverage dates, can be submitted at time of registration for an 80% fee waiver.

Fee Waiver: \$9.00 (\$19.00 after Feb. 9)

EVALUATION: Saturday, February 16, 2pm - Lafayette Park
All NEW PLAYERS will need to attend the evaluation.

All RETURNING PLAYERS will be allowed to return to last years team.

Advanced Play Option

The Tallahassee Fast Pitch Softball Association (TFPSA) at Tom Brown offers an advanced play tryout league for 11-13 year olds. The top 44 players who tryout will be selected to play in the advanced play league. Players may only participate in one PRNA Softball League. For registration information, please visit Talgov.com/Parks

AGE DETERMINING DATE: December 31, 2018. A child's on this date is their age. A child has the option to play up a league but never play down.

HOW TO REGISTER:

ON-SITE

2/09/2019 - 9-11am
AT LOCATIONS LISTED ABOVE

MAIL IN

912 MYERS PARK DR.
POSTMARKED BY 2/06/2019

DROP OFF

912 MYERS PARK DR.
DROP OFF BY 2/08/2019 5pm

ONLINE

TALGOV.COM/PARKS

PLAYER'S NAME _____ BIRTHDATE _____ AGE _____ GENDER M F

PARENT NAME(S) _____ EMAIL ADDRESS _____

ADDRESS _____ ZIP _____

PRIMARY PHONE _____ SECONDARY PHONE _____ (please indicate)

DID YOUR CHILD PLAY IN THIS LEAGUE LAST SEASON? _____ IF YES, WHICH TEAM? _____

WOULD YOU BE INTERESTED IN COACHING? YES NO CURRENT RESIDENCE: _____ SIBLING REGISTERED IN SAME AGE GROUP:

WOULD YOU BE INTERESTED IN ASSISTING? YES NO CITY COUNTY OTHER YES _____

SIBLING'S NAME

Please indicate if you would be willing to participate in a brief online survey to assess the benefits of youth sport participation for the Tallahassee community. Your participation will be extremely beneficial for developing strategies to boost social networking among parents to help increase youth participation. If you have any questions regarding this research project, please contact the research team at Florida State University led by Dr. Jason Pappas (jpappas@admin.fsu.edu, 850-728-9769) and Dr. Amy Kim (kamy@fsu.edu, 850-644-9560).

CARPOOLS:

PRNA will honor carpool requests that fall within the following guidelines:

Siblings in the same league are automatically placed together unless parents note otherwise. Only 2 players can be placed together for carpooling. Carpool requests must be noted on both players' registration forms to be considered. If one of the two players is a returning player to the same league, the carpool request will be granted, but the players will be assigned randomly to a new team. If you have any questions regarding this policy, please call PRNA athletics at 891-3866.

NOTES: _____

REFUNDS:

Refunds will be given prior to the first scheduled game. No refunds will be considered once the season begins unless a player is injured and can no longer participate. A doctor's note must be submitted with the refund request. In this case, a prorated refund will be issued based on the number of games left in the season.

It is agreed by the signature below that in the event my child is disabled, or incurs disease of a temporary or permanent nature while participating, to waive all claims or liabilities against the City of Tallahassee and the Parks, Recreation and Neighborhood Affairs Department, Coaches and Staff. I certify and take full responsibility for the above information being correct to the best of my knowledge. Also by my signature, I agree to comply with the Parent Code of Conduct Pledge. The City of Tallahassee Parks, Recreation and Neighborhood Affairs Department reserves the right to photograph/videotape facilities, activities, and program participants for potential future use. All photos/footage will remain the property of the Tallahassee Parks, Recreation and Neighborhood Affairs Department and may be used for publicity or promotion purposes only. PLEASE SEE "WHAT HAPPENS NOW" FLYER FOR PARENT CODE OF CONDUCT.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

OFFICIAL PRNA USE ONLY

DATE:	AMOUNT PAID:	RECEIPT #:	INITIALS:	BIRTH DATE VERIFY
		CHECK #:		