

YOUTH SPORTS APPLICATION

SPRING BASEBALL _____ FALL BASEBALL _____ BASKETBALL _____

PLAYERS FIRST NAME _____ LAST NAME _____ MI _____

ADDRESS _____ CITY _____ ZIP CODE _____

PHONE NUMBER _____ E-MAIL ADDRESS _____

SEX _____ DATE OF BIRTH _____ AGE _____

MEDICAL PROBLEMS? YES _____ NO _____ IF YES, PLEASE EXPLAIN: _____

SHIRT SIZE

_____ Youth Small
_____ Youth Medium
_____ Youth Large
_____ Adult Small
_____ Adult Medium
_____ Adult Large
_____ Adult X-Large
_____ Adult XX- Large

PANT SIZE (spring baseball ONLY)

_____ Youth X-Small
_____ Youth Small
_____ Youth Medium
_____ Youth Large
_____ Adult Small
_____ Adult Medium
_____ Adult Large
_____ Adult X-Large
_____ Adult XX-Large

INDEMNITY AGREEMENT

PLAYER'S NAME: _____

FIRST

LAST

MI

I certify that I am the legal parent or guardian of the above mentioned child and I am willing and desirous that my child become a playing member of this league. In consideration of benefits derived from this program, I hereby voluntarily waive any and all claims that may arise in connection with the activities if this program by indemnification of the City of Lenoir City, Lenoir City Parks and Recreation Department and its employees.

Parent /Guardian Signature: _____ Date _____

Parent /Guardian Print Name: _____