

Downtown Optimist Club of Meridian
2020 T Ball Program @ Crestwood Fields

**Team or Team
Mate Requested**

Player's Name: _____

Parent or Guardian Name: _____

Address: _____

Cell Phone: _____ Secondary Phone: _____

****E-Mail Address: _____ *IMPORTANT

AGE: _____ Date of Birth: _____ Male: _____ or Female: _____
(Must be 4 by August 1st and cannot be 7 before August 1st)

T-Shirt Size (Circle One): XS S M L

Number on Jersey: _____ (We will TRY to accommodate number requests)

Name on Jersey (First Name OR Last Name Or Other) _____

IMPORTANT: Please complete if either parent or guardian can coach or asst. coach a team. *We need as many parents to coach or assistant coach as possible.*

Coach Team

Name: _____ Phone: _____ Email: _____

Assist. Coach

Name: _____ Phone: _____ Email: _____

Fee Amount: \$60.00 Check #: _____ Date: _____ (2nd child in family \$40)

How did you hear about sign-ups? Family/Friends Flyer Facebook Website

Please remember that we still need to practice social distancing when waiting in line. Please do your part and wear your masks to help be protected. Please limit the number of family members at sign-up to help with social distancing.

If the state and local government have not opened sufficiently by June the 18th, we will not be able to have the t-ball season. If the season is cancelled, we will refund registration money in the month of July.

RELEASE OF LIABILITY FORM

I hereby agree to hold City Of Meridian and its employees harmless from any liability which may arise from incidents, accidents or COVID-19 related sickness involving my child while on City of Meridian premises. I understand there are risks present and I take full responsibility of those.

This release form will be valid for 1 year at time of signing.

Name of Athlete _____

Name of Parent/Guardian _____

Date _____

Signature of Parent/Guardian _____