



CITY OF HEADLAND



2020 T-BALL, BASEBALL & SOFTBALL REGISTRATION FORM
Registration January 27th - February 7th @ City Hall 8:00AM - 4:00PM

Ages 4-12 \$40.00 for T-Ball \$50.00 for Baseball/Softball

Note: If more than two children register from the same family, additional child/children will be \$10.00

IMPORTANT DATES	
Thursday, February 13th @ 6:00 PM	Coaches Meeting-City Hall Council Chamber - MANDATORY to Coach
Monday, February 17th @ 6:00 PM	Tryouts Age 7-8 Baseball - Dothan Kia Field; Softball - Singleton Age 11-12 Baseball - Willy D's Field; Softball - HNB First Field
Tuesday, February 18th @ 6:00 PM	Tryouts Age 6 Singleton Field Age 9-10 Baseball - Dothan Kia Field; Softball - HNB First
Monday, February 24th	Practices begin
Monday, March 23rd - Friday March 27th	Spring Break - No games/practices scheduled
Saturday, April 4th @ 9:00 AM	Opening Day - HNB First Field
In the event of bad weather, then tryouts will move to Saturday, February 22nd 7-10's @ 10:00 AM	
Same fields as stated above on the original dates 6, 11-12's @ 12:00 PM	

*Ages 4-5 (T-Ball) **DO NOT** have to tryout/attend the draft. Coaches will contact you with information.*

Girls (Ages 7-8) will be automatically signed up for softball.

PARENT NAME(S): _____

ADDRESS: _____

PHONE NUMBER: () - _____

() - _____

(*** Required for contact by the REC Dept Only***)

I AM INTERESTED IN BEING A **HEAD COACH** YES NO

I AM INTERESTED IN BEING AN ASSISTANT COACH YES NO

CHILDS NAME:

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First Name Middle Name (Required) Last Name

Name must be as it appears on Birth Certificate including middle name

CHILD'S DATE OF BIRTH: _____ GENDER MALE FEMALE

(*** Must be age 4 as of January 1, 2020***)

(Please circle one)

NOTE: Age cutoff for Baseball is May 1st; Softball is August 31st
Whatever age your child is on that day is the age group he/she will play in.

By law a child can not under any circumstance play below their playing age.

Special note to recreation director _____

SHIRT SIZE YOUTH ADULT XS S M L XL 2XL **PLEASE CIRCLE SIZES**
JERSEY AND HAT WILL BE PROVIDED BY THE CITY OF HEADLAND

I have insurance on my participating child/children that will be in effect for the entire season with the following insurance company:

GROUP # _____

I understand the City of Headland is not liable for any injury incurred while my child/children are participating in this city recreational program

Signature of Parent or Legal Guardian

Date

Amount Paid: \$ _____ Receipt #: _____

Cash Check