

Biscayne Park Sports

by Coach Joe

Serving the Biscayne Park Community since 1987

T-Ball & Baseball



March 4 - May 18 2013

Baseball only "Spring Training": Feb 18, 20, 25, 27

Affordable - Fun - Educational

\$125.00 - Biscayne Park Residents \$100.00
(for the Whole Season)

Baseball (Ages 6/7-12): Mon & Wed 4:30 to 6:00

T-Ball (Ages 4-6): Tue & Thu 4:30 to 5:30

We have a simple philosophy: We play Ball just for the Fun of it!

Our program is Recreational/Instructional in spirit and practice. Our main objective is for the children to have fun playing ball with their friends, and refining their skills in the process.

Our program follows the guidelines established by the
National Youth Sports Coaches Assoc. (NYSCA).

Our program pays particular attention to those who are new to Baseball/T-Ball. Our players will learn the fundamentals, develop their individual skills, and discover the basics of teamwork, at their own pace. There is No pressure to perform, No metrics, No progress reports, the only requirement is to have fun playing Baseball/T-Ball.

www.BiscayneParkSports.info

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T-Ball / Baseball 2013 - Registration

NR / R

PARTICIPANT'S NAME: _____

___ Juniors 4-6

Date of Birth: ___ / ___ / _____ Age: ___ [M ___] / [F ___]

___ Varsity 7-12

Medical Problems/Restrictions/Limitations: _____

PARENT/GUARDIAN: _____ Ph: (_____) _____

Address: _____ City: _____ FL Zip: _____

Work Ph: (_____) _____ Alt. Ph: (_____) _____

E-Mail: _____

ALT. PARENT: _____ Ph: (_____) _____

Alt Ph: (_____) _____ E-Mail: _____

CONTACTS IN CASE OF EMERGENCY

Person to Notify: _____ Phone: _____

Doctor to Notify: _____ Phone: _____

Proof of Medical Insurance required at time of registration.

• Person(s) **NOT** authorized to contact / pick up my child: _____

• **JUNIORS:** One Parent/Authorized Representative is **REQUIRED** to be present during practices.

___ I authorize my child to leave with: _____

• **VARSITY:** Parents are encouraged to be present during practices. A Parent or Authorized Representative must be present at the end of practice to pick up their child OR select one or both of these options:

___ I authorize my child to leave with: _____

___ My child is **ALLOWED** to return home by himself.

Consent For Participation By A Minor And Medical Treatment, And Release Related Thereto

I hereby give permission for my child to participate in the T-Ball/Baseball program and I acknowledge that T-ball or Baseball is inherently dangerous and may result in injury to the participant. In the event of an injury, I agree to waive any and all claims against the Village of Biscayne Park, it's elected officials and employees, and members of the Coaching Staff. I also release them from any and all liabilities associated therewith, and I assume any and all risks of my child's participation in the T-Ball/Baseball program.

I hereby give consent for all medical care prescribed by a duly licensed Doctor of Medicine. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of dependent.

NAME: _____

DATE: ___ / ___ / ___

SIGNATURE: _____