Iberville Parks and Recreation District
2005 SUMMER PROGRAMS REGISTRATION FORM

Registration Fee: $10 per child **NO REFUNDS**
(cash or money order only payable to IPRD)

PLEASE PRINT

	REGISTRATION	DEADLINE
T-Ball	February 14th	March 3rd
Baseball	March 7th	April 5th
Softball	March 7th	April 5th
Coaches Pitch	March 7th	April 5th

Name: _____
(Last) (First) (Middle)

Address: _____
(House Number and Street) (City) (Zip Code)

Date of Birth: _____ Male_____ Female_____
(Month/Day/Year)

Home Phone: _____ Work Phone: _____ Cell Phone: _____

COPY OF BIRTH CERTIFICATE MUST ACCOMPANY REGISTRATION FORM UNLESS ON FILE WITH IPRD

****** LEAGUE PLAYED IN LAST YEAR*** _____ ***TEAM NAME*** _____***

Season Schedule **League and Age Requirement**

April 2rd - April 30th **T-Ball** Boys & Girls 4 - 5 Yr. Old (Must be 4 by April 1, 2005) - **NO EXCEPTIONS**)

April 18th - June 17th **Cal Ripken Baseball** Boys 9 - 14 (Must be 9 by August 1, 2005)

April 25th - June 17th **Babe Ruth Softball** Girls 9 - 14 (Must be 9 by January 1, 2005)

May 14th - June 24th **Coaches Pitch** Boys & Girls 6 - 8 (Must be 6 by June 1, 2005)

Shirt Size: Check One Please
***If you do not choose*, IPRD will choose and no substitute will be paid for by IPRD**

_____Youth Small (6-8) _____Youth Medium (10-12) _____Youth Large (14-16) _____ Adult Small

_____ Adult Medium _____ Adult Large _____ Adult X-Large _____ Adult XX-Large

Make a difference in a child's life - VOLUNTEER! *Volunteers are the bloodline that make our programs a success and all due to the people who step up and volunteer to coach. Check one please:*

Head Coach _____ **Assistant Coach** _____ **Helper** _____ **Maybe/Consider** _____ **No Way** _____

Name: _____ **Shirt Size:** _____

Phone Numbers: Home _____ **Work** _____ **Cell** _____

My undersigned signature confirms my understanding that participation in this leisure activity is on a voluntary, amateur basis and that there may be an element of risk involved. IPRD, is not responsible for any injuries or accidents sustained and encourages all participants to obtain insurance for player protection. By acceptance of these conditions, I do, on behalf of myself, heirs and legal representative, hereby release and forever discharge IPRD, and all its representatives from any and all claims and demands of every kind, nature and character, for any and all damages, losses, or injuries which may be sustained by the registrant in connection with any aspect of participation in this voluntary amateur activity.

Parent's Signature: _____
(Required for child to participate)

For additional information contact:
Mike Markins
Executive Director
687-0641

Patrice Allain
Administrative Program Coordinator
687-0641

Mail registration forms to:
IPRD
P.O. Box 1060
Plaquemine, LA 70765-1060

Office Hours: Monday through Friday from 8:00 a.m. to 4:00 p.m.
24 hour drop slot available at IPRD office located on left side of the Iberville Parish Civic Center.

********** *OFFICE USE ONLY* **********

T-Ball 4 - 5 Girls Coaches Pitch 6 - 7 - 8 Boys Coaches Pitch 6 - 7 - 8

Boys Baseball 9 - 10 11 - 12 13 - 14 15 - 16 Girls Softball 9 - 10 11 - 12 13 - 14 15 - 16