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EAST IBERVILLE - ST. GABRIEL

**Iberville Parks and Recreation District
 2005 SUMMER PROGRAMS REGISTRATION FORM**

Registration Fee: \$10 per child NO REFUNDS
 (check or money order payable to IPRD)

DEADLINE: APRIL 27, 2005

PLEASE PRINT

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 _____ ***

League and Age Requirement

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

Cal Ripken Baseball Boys 9 - 14 (Must be 9 by August 1, 2005)

Babe Ruth Softball Girls 9 - 14 (Must be 9 by January 1, 2005)

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:
 Mary Corbin
 IPRD Program Coordinator
 270-0766

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