

**T-BALL 2010**  
**Southern Pines Recreation & Parks Department**  
**482 E. Connecticut Avenue, Southern Pines, NC 692-2463**

**Who:** Boys & Girls - Ages 5, 6 & 7 years –  
Age as of August 1, 2010  
**Participants must live or go to school in Moore County**  
**Registration Dates:** Runs through Friday, April 16, 2010



Southern Pines Recreation Office, 482 E. Connecticut Ave.

**Where:** Games & Practices held at Campbell House  
Ball field

**Games & Practices:** Mondays, Wednesdays & Thursdays if needed

**To Register:** Come to Recreation Office, upstairs in Campbell House or mail to Southern  
Pines Recreation Office, 482 E. Connecticut Avenue, Southern Pines 28387

**Fee:** Residents of Southern Pines \$10.00  
Non-Residents \$25.00

No Southern Pines resident youth will be denied participation due to financial hardship.

**Insurance:** Optional participant insurance is available at additional cost.

**Practices will begin April 26<sup>th</sup> at 6:00 pm**

Any Questions: Call 692-2463 or email [recreation\\_parks@southernpines.net](mailto:recreation_parks@southernpines.net)

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**T-BALL REGISTRATION FORM**

COMPLETE AND RETURN to: Southern Pines Recreation & Parks Department  
482 E. Connecticut Avenue, Southern Pines, NC 28387

**Participant Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Home Telephone No.** \_\_\_\_\_ **Work Telephone No.** \_\_\_\_\_

**Birth date:** \_\_\_\_\_ **Age on August 1, 2010** \_\_\_\_\_

**Height:** \_\_\_\_\_ **Weight** \_\_\_\_\_ **lbs**      **Email Address** \_\_\_\_\_

Did you play Southern Pines Recreation T-Ball last year? \_\_\_\_\_ What Team? \_\_\_\_\_

**Waiver - Please read!** I agree to allow my child to participate in the activity named above offered by the Southern Pines Recreation and Parks Department. I understand that my child shall abide by all department rules as a condition of participation. I am aware that the activity may cause accident or injury as a direct or indirect result of participation in the activity. I further agree to release the Southern Pines Recreation and Parks Department, its employees, agents and volunteers from any responsibility should an accident happen.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**WE NEED COACHES!**

**IF INTERESTED FILL OUT BELOW!**

**Your Name:** \_\_\_\_\_ **Daytime Telephone:** \_\_\_\_\_

**Email:** \_\_\_\_\_ @ \_\_\_\_\_