



BASEBALL HEROES SPECIAL NEEDS PROGRAM!

ENCOURAGEMENT—TEAM WORK—NEW FRIENDSHIPS

A recreational program that will accommodate children/young adults with special needs and / or disabilities!

- REGISTRATION:** March 6– April 21, 2017
- In Person at the Peltier Park Recreation Center (Mondays—Fridays)
 - Mail entries to PO BOX 5418 (Postmark No Later Than April 21)
 - Online Registration Available at www.ci.thibodaux.la.us
- OFFERED TO:** Boys & Girls Ages 6 & Up (Co-Ed Teams)
- SEASON:** June 2017 (1 Game Per Week– A Total Of 3 Games)
- LOCATION:** Peltier Park
- Fee:** FREE OF CHARGE!!



Would you like more information on coaching, sponsoring a team, or become a “buddy volunteer”?

Please feel free to give the City of Thibodaux Recreation Department a call or visit the City’s website for more details!



REGISTRATION FORM

BASEBALL HEROES

A SPECIAL NEEDS PROGRAM - BOYS & GIRLS 6 & UP

| | | | |
|---|---|---|--|
| PLAYER INFORMATION: <input type="checkbox"/> FIRST TIME PARTICIPANT (check box if "YES".) <input type="checkbox"/> ADDRESS CHANGE (check box if "YES".) | | | |
| LAST NAME: | FIRST: | MIDDLE INITIAL: | |
| DATE OF BIRTH: | AGE (AS OF 7/31/17) : | | |
| ADDRESS: | CITY: | ZIP: | |
| SHIRT SIZE: | YOUTH SIZES: <input type="checkbox"/> YXS (2-4) <input type="checkbox"/> YS (6-8) <input type="checkbox"/> YM (10-12) <input type="checkbox"/> YL (14-16) | ADULT SIZES: <input type="checkbox"/> AS (34-36) <input type="checkbox"/> AM (38-40) <input type="checkbox"/> AL (42-44) <input type="checkbox"/> AXL (46-48) <input type="checkbox"/> A2XL (50-52) | |
| LIST ANY MEDICAL PROBLEMS OF THE PLAYER: | | | |
| DOCTOR TO NOTIFY FOR EMERGENCY: | | PHONE: | |
| PERSON TO NOTIFY FOR EMERGENCY: | | PHONE: | |

| PARENT / GUARDIAN INFORMATION | |
|---|---|
| PARENT 1: <input type="checkbox"/> I agree to receive text messages from the City of Thibodaux. | |
| NAME: | |
| CELL: | () list service provider to receive text |
| HOME: <input type="checkbox"/> | () |
| WORK: <input type="checkbox"/> | () |
| E-MAIL: | |
| PARENT 2: <input type="checkbox"/> I agree to receive text messages from the City of Thibodaux. | |
| NAME: | |
| CELL: | () list service provider to receive text |
| HOME: <input type="checkbox"/> | () |
| WORK: <input type="checkbox"/> | () |
| E-MAIL: | |

| CODE OF CONDUCT |
|---|
| Code of conduct applies to everyone, including parents and spectators, who participates in any activity sponsored by the Recreation Department of the City of Thibodaux. |
| <ol style="list-style-type: none"> No alcoholic beverages or illegal drugs are permitted on the premises (buildings, playgrounds, parking lots, and on and near football fields). All participants -- players, parents, coaches, and sponsors -- should behave in a polite and sportsmanlike manner and respect the authoritative decision of an official. Abusive language and cursing is prohibited. No one shall hit another person before, during, or after activity. No one shall deliberately damage Recreation Department equipment. Any person violating any rule will be temporarily or permanently banned from all Recreation Department activities. |

| PARENTAL AUTHORIZATION |
|---|
| <p>I, parent or guardian of the above-named candidate for a position in above-mentioned baseball special needs program, hereby give approval to his/her participation in any and all league activities during the current season to include practice prior to season and tournament participation after current season. I assume all risks and hazards incidental to such participation in activities; and do hereby waive, release, absolve, indemnify and agree to hold harmless the parent or local league organization, governing board, the organizers, sponsors, referees, supervisors and participants in such activities, for any claim arising out of an injury to the individual, except to the extent and in the amount covered by accident and/or liability insurance held by the local league.</p> <p>I also grant permission to managing personnel or other league representatives to authorize and obtain medical care from any licensed physician, hospital, or medial clinic should the individual become ill or injured while participating in league activities away from home, or at any other times when neither parent is available to grant authorization for emergency treatment.</p> |
| Signature of Parent or Guardian |
| Print or Type Name of Parent or Guardian |
| Relationship _____ Date ____/____/____ |

| VOLUNTEER COACHING & VOLUNTEER BUDDY |
|---|
| WOULD YOU LIKE TO VOLUNTEER COACH? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| IF YES, PLEASE PROVIDE THE FOLLOWING INFORMATION. |
| NAME: _____ <input type="checkbox"/> HEAD COACH <input type="checkbox"/> ASSISTANT COACH |
| PHONE: () _____ SHIRT SIZE: _____ |
| COMMENTS: _____ |
| WOULD YOU LIKE TO BE A "BUDDY"? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| IF YES, PLEASE PROVIDE THE FOLLOWING INFORMATION. |
| NAME: _____ |
| PHONE: _____ |
| COMMENTS: _____ |

For more detailed information on coaching, becoming a "buddy", or if you would like to sponsor a team, please contact the Recreation Department at 985-446-7235

| PAYMENT DETAILS: | |
|--|---|
| NO PAYMENT REQUIRED FREE OF CHARGE MAIL REGISTRATION TO: Recreation Department P.O. Box 5418 Thibodaux, Louisiana 70302 | MAIL-INS MUST BE POSTMARKED NO LATER THAN: Friday April 21, 2017 |

| TREC OFFICE USE ONLY: (Please do not write below this line). |
|--|
| AMOUNT PAID: CASH <input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> |
| \$ _____ No. _____ Type: _____ |
| Receipt No.: _____ Mail Rec'd Date: _____ |