

TREC GIRLS FALL FAST PITCH

OFFERED TO: Girls Ages 10-15 (age as of 10/31/25)

REGISTRATION: July 7, 2025 – August 7, 2025

1) Register in person at the Peltier Park Recreation Building
Monday - Friday 8:00AM - Noon & from 1:00PM - 4:00PM.

(Cash, Check payable to City of Thibodaux, or VISA-Master Card)

2) Print the registration form online at www.ci.thibodaux.la.us
and mail in with check payable to 'City of Thibodaux',

Recreation Department, PO Box 5418 Thibodaux LA 70302

3) Register online by debit/credit at:

<https://peltierpark.recdesk.com/Community/Program>

SEASON: September – October 2025

TOURNAMENT: Date/Time TBA

LOCATION: Youth Field - Peltier Park

REGISTRATION FEE: \$40.00

LATE REGISTRATION FEE: \$50
(Only accepted if there is availability in age group.)

*For more information please contact:
Parks & Recreation Department at (985) 446-7235*



REGISTRATION FORM

GIRLS FALL FAST PITCH

REGISTRATION FEE \$40 | ALL REGISTRATION FEES ARE NON-REFUNDABLE, UNLESS PROGRAM IS CANCELLED.

| | | | | | | | |
|--|--------------|-------------------------------------|-------------------------------------|---|--------------------------------------|---|--|
| 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 10/31/25): | | | | | |
| 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: ☐ 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: ☐ 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: | | | |

VOLUNTEER COACHING & SPONSORSHIP

WOULD YOU LIKE TO VOLUNTEER COACH? ☐ YES ☐ NO

IF YES, PLEASE PROVIDE THE FOLLOWING INFORMATION.

| | | | |
|--------|-----|-------------|--|
| NAME: | | | <input type="checkbox"/> HEAD COACH |
| | | | <input type="checkbox"/> ASSISTANT COACH |
| PHONE: | () | SHIRT SIZE: | |
| EMAIL: | | | |

IS THIS CHILD SPONSORED: ☐ YES ☐ NO

IF YES, PLEASE PROVIDE THE FOLLOWING INFORMATION.

| | | | |
|------------------|--|--|--|
| SPONSOR NAME: | | | |
| SPONSOR CONTACT: | | | |
| COMMENTS: | | | |

**DUE TO A LARGE VOLUME OF REQUESTS, ONLY
SPONSORS AND COACHES WILL HAVE THEIR CHILD/CHILDREN
ON THEIR RESPECTIVE TEAMS.**

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.

1. No alcoholic beverages or illegal drugs are permitted on the premises (buildings, playgrounds, parking lots, and on and near football fields).
2. 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.
3. No one shall hit another person before, during, or after activity.
4. No one shall deliberately damage Recreation Department equipment.
5. Any person violating any rule will be temporarily or permanently banned from all Recreation Department activities.

PARENTAL AUTHORIZATION

I, parent or guardian of the above-named candidate for a position in above-mentioned fast-pitch softball 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.

I also grant permission to managing personnel or other league representatives to authorize and obtain medical care from any licensed physician, hospital, or medical 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.

Signature of Parent or Guardian

Print or Type Name of Parent or Guardian

Relationship

Date

PAYMENT DETAILS:

PLEASE MAKE CHECK PAYABLE TO:

CITY OF THIBODAUX

MAIL PAYMENT TO:

Recreation Department

P.O. Box 5418

Thibodaux, Louisiana 70302

Registration Fee \$40

Late Registration Fee is \$50

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: |
| INCODE | | | Mail Rec'd |
| ACTIVENET | | | Date: |