

**Florida Tri-County Challenged Athletes Association Baseball
Registration Form**

New player _____ or Returning player _____

Shirt: _____ Pants _____

Name: _____

Address: _____

Circle: Female Male Date of birth ____/____/____ Age: _____

Two Good Contact Numbers: _____ - _____ - _____ Name: _____

_____ - _____ - _____ Name: _____

If you are in a Group Home the name of the group home and good contact number is a must.

Circle which team you are currently on: Padres Rays Cardinals Yankees Rangers Indians Rockies
Panthers

Circle if you have insurance yes or no If yes what type: _____

Have a doctor note to play Yes or No Over 65 must have a Doctor form to play.

Registration Fee Is \$25.00 per player

If you have been convicted of a felony or have any kind of criminal record please indicate Circle Yes or No If yes provide the information: _____

Depending on the nature of the incident your application may be place under review and depending on the outcome and background check you may not be able to participate in our organization.

Parents / Caregivers you are responsible for the player or players you bring to the ball field and awards and if any other event that we may host with our players. You may not leave the premises at any time. Caregivers / Parent if you are assigned to a player you MUST stay with that player.

I acknowledge that I received the Covid- 19 information flyer

Please make sure you read this form and understand it. Then Sign below

Player

Caregiver/ Parent

