



# MYRTLE GROVE YOUTH ASSOCIATION FOUNDATION

99 N. 61<sup>st</sup> Avenue Pensacola, FL 32506

Phone 456-0588

## PARENTS PLEASE PRINT AND READ BELOW INFORMATION:

Player's Full name (exactly as shown on birth certificate):

\_\_\_\_\_  
Last First Middle  
Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Playing Age: (as of Jan 1, 2010) \_\_\_\_\_ Parent or Legal Guardian \_\_\_\_\_

\_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

\_\_\_\_\_  
Email address: \_\_\_\_\_

\_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Birth Certificate:  YES  NO

\_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_  
Did you play tee-ball, baseball or softball last year? YES NO  
Team: \_\_\_\_\_

I, the parent or legal guardian, do hereby assent and agree to allow my youth to play in the Myrtle Grove Recreation Program and to abide by any decision made by the Club as to where he or she participates. It is my understanding that all youth properly registered by proof of birth and payment of fee will be assigned to a team.

I do agree that the school records with regard to age and birth date of this youth may be checked with school officials.

I understand that Myrtle Grove Youth Association Foundation is not responsible for any injuries to my child while participating in this sport. I certify that my child is in good health.

Registration fee will be \$90 per child. **Additional fund raising will be required.**

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Today's Date

**NO REFUNDS ON REGISTRATIONS ONCE A CHILD IS ASSIGNED TO A TEAM.**