



APPLICATION TO PLAY TOT T-BALL

FEE:Residents of I.H.B.

\$30.00 first child

\$25.00 siblings

Non-residents of I.H.B.

\$35.00 first child

\$30.00 siblings

Player's Name: _____ Male _____ Female _____
(print name as you would like it to appear on trophy)

Shirt Size (circle one): Sm 6/8 Med 10/12 Team Request: _____

Parent's Name(s): _____

Address: _____ City/State/Zip _____

Home Phone: _____ Work Phone: _____

Email: _____

Child's age as of March 1, 2025 of the current year _____ Birthdate _____
(minimum age of 4 and maximum age of 6 on this date) Month Day Year

Please Note: If questions arise during the season regarding the player's age, it will be necessary to produce a birth certificate.
Players not meeting the age requirement will be dismissed from the program.

PLEASE VOLUNTEER! WE COUNT ON YOU TO MAKE THIS PROGRAM POSSIBLE!

I WOULD LIKE TO ASSIST THE TOT T-BALL PROGRAM BY BEING A:

_____ Coach Name: _____ Shirt Size: S M L XL
(circle one)

_____ Asst. Coach Name: _____ Shirt Size: S M L XL
(circle one)

_____ Team Mother Name: _____ Shirt Size: S M L XL
(circle one)

I/We, the parents of the above named player on an Indian Harbour Beach Tot T-Ball team, hereby give my/our approval to his/her participation in any and all Tot T-Ball activities. I/We assume all risks and hazards incidental to such participation including transportation to and from the activities. I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the Indian Harbour Beach Department of Community Services, Tot T-Ball Association, the organizers, sponsors, supervisors, participants, and persons transporting my/our child to or from activities, for any claim arising out of an injury to my/our child, whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance.

Parent's Signature _____ Date _____