MURRAY CITY PARKS AND RECREATION

SOUNG -BAC March 27 - May 1 6-week league

3-4 years old & 5-6 years old

Mondays @ 5:30pm, 6:30pm

Grant Park Baseball Diamonds (6150 S Main St.)

Residents:

\$30

Non-Residents: \$40

Deadline: March 6th @ 8am \$10 late fee after deadline

League will include 6 games, a T-shirt, and an end of league award.

Register at mcreg.com



Murray City Recreation Spring T-Ball 2023 Registration Form

	WE NEED COACHES! Head Coach: Assistant Coach:		Age Division	
Coach Name: Coach Phone:		3-4 5-6		
Coach Email:				
Coach Email.				
Name:	Birth Dat	te: Age:		
Address:	City:	State: Zip:		
School Attending:	Grade:			
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Does your child have any limitations? No If yes, plea				
Parent 1 Name:				
Parent 2 Name:		Cell Phone:	_	
Email (Required):		(Mahaita Flyar Casial Madia		
How did you hear about the program? Email Poster	Murray Journal Murray From a Friend Previol			
	END REQUEST (Requests ar	·		
1	School Att	tending:		
	PARENT CODE OF ETHIC			
onsequences for Breaking Parent Code of Ethics: Firsecond offense you will be asked to leave the game or prouspended from attending the remainder of your child's/egarding your disruptive behavior.	actice and be suspended from atte	ending the next game or practice. <u>Third offense</u> you	will be	
gnature (Parent or Legal Guardian):		Date:		
CONCUSSION POLICY, LIABILITY RELEAS concussion Policy: As the parent or legal guardian of corting activity), I acknowledge that I have received a copy of, read ate that: my child has not previously sustained a concussion or head in my child has pr	ad, understand, and agree to abide by M jury; or and I have provided the City with an acc ims, demands, losses, liabilities, damage	(child participant), who is participating in(think participant), who is participating in(Murray City's Concussion and Head Injury Policy (the "Policy's ceptable medical clearance. es, costs and fees from concussions or head injuries that are for the above activity, I hereby waive, release, and discharge	'). I hereby ise when I	
derstood some recreational activities involve an element of risl greed this waiver, release, and assumption of risk is to be bindin l of their terms and conditions.	k or danger of accidents and knowing th	nose risks, I hereby assume those risks. It is further underst	tood and	
efunds: Refunds must be requested in written form. As per Mur fund (program registration fee) for administrative costs. Refund scretion.				
hoto Release: I hereby grant permission to Murray City to use nurposes in any and all publications and media without limit or continuous pt Out: Initial on the line if you do not authorize Murray City to urray City operated website:	ompensation. Initials:			
rsigning this liability release & permission to participate, refund ontents and disclosures, and that I agree to its terms and agreer the remainder shall, notwithstanding, continue in full force and	ments. If any portion of this agreement is			
rint Name (Parent or Legal Guardian):				
gnature (Parent or Legal Guardian):		Date:		
OFFICE USE ONLY: Total Paid:	CASH CHECK CARI	D Date: Staff:	_	