

Mitchell County Parks & Recreation

26 Crimson Laurel Circle Suite 1 | Bakersville, NC 28705

Tee-Ball, Baseball & Softball Registration Deadline: **Monday, March 20th, 2023**



Age Limit: Pre-K through 6th grade

Boys participating in U-8, U-10 and U-12 baseball must still be ages 8, 10 and 12 on **May 1st** to qualify for those specific leagues. Girls participating in U-8, U-10 and U-12 Softball must still be ages 8, 10 and 12 on **January 1st** to qualify for those specific leagues.

Registration Fee: \$50 (non refundable)

Fees must be paid when registration form is returned. Please call Brock Duncan at (828) 385-1487 if you need assistance with fees. A registration form that is not accompanied by a payment will not be accepted.

Please Circle One: T-Ball (Pre-K/K) U-8 Softball U-8 baseball U-10 Softball U-10 Baseball

U-12 Softball

U-12 Baseball



Child's Name: _____

Address: _____

Phone #: _____

School Attending: _____ Grade: _____ Age: _____ Date of Birth: _____ Weight: _____ Sex: _____

Tee Shirt Size: (Please Circle One) Youth: Sm Med Lg Adult: Sm Med Lg XL

Medical Information (any health information needed for staff regarding child's safety):

Emergency Contact: _____ Phone#: _____

I understand that injuries can occur when involved in a physical activity. I will not hold Mitchell County or staff responsible for any injuries that may occur while my child is participating in this sport. I understand that parents may not choose their child's teammates or coach. I understand that Mitchell County Recreation Department rules are designed to promote the safety and enjoyment of all participants in its programs. I will abide by these rules, whether I like them or not, and if I am unruly in any way I will leave the playing grounds without any problems if asked to do so. All conflicts between parents, coaches, and/or children should be directed to Brock Duncan, Director. If you take it upon yourself or your child takes it upon his/herself to handle the conflict the parent and/or child may be reprimanded.

Parent/Guardian Signature: _____ Date: _____

I would like to volunteer to coach: _____

Note: Fees are used in part to provide gap medical insurance that picks up where your primary insurance coverage leaves off in the event your child is injured in a game. Any claims must be submitted to the primary carrier first.