



Town of Aberdeen Parks & Recreation Department  
**2022 T-Ball Registration**

**Deadline:** August 12th (Or Until Full)  
**Eligibility:** Boys and Girls Ages 4-5 (as of 8/31/22)  
**Fee:** Residents \$12 / Non-residents \$25



First Practice - August 20th (subject to change)

Last Year's Co-Sponsors:

Ray's Plumbing, Carolina Property Sales - Whitney Anderson, Papa John's, Everything Pines Partners  
 Real Estate - Wendy Ehlers, Sandhills Heating Refrigeration & Electrical, Thornsburys Body Shop,

Participant's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Female / Male

Age (as of 08/31/22): \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Preferred Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

Parents Name(s): \_\_\_\_\_

How did you hear about this league? \_\_\_\_\_

Medical Problems: \_\_\_\_\_

**\*\*Parents, would you like to volunteer? Coach \_\_\_\_\_ Asst. Coach \_\_\_\_\_**

**If Yes, Name \_\_\_\_\_ Number \_\_\_\_\_ Email \_\_\_\_\_**

**\*\*Would you like to sponsor a team or know a business that would? Yes \_\_\_ No \_\_\_**

**If Yes, Name \_\_\_\_\_ Number \_\_\_\_\_ Email \_\_\_\_\_**

Do you have any team, player or coach requests? \_\_\_\_\_

**PARENTS READ CAREFULLY**

I hereby agree to allow my child to participate in the activity sponsored by Aberdeen Parks and Recreation Department. I understand that my child shall abide by all league rules as a condition of participation or a risk of expulsion from the program. I understand that my child may suffer accident or injury as a direct or indirect result of participation and agree to assume all risk involved in my child's participation. In the event of an injury, I will not hold the Town of Aberdeen, agents, volunteers, or employees responsible or liable. I also give permission to Aberdeen Parks and Recreation Department to give medical attention to my child as deemed necessary. I also release any pictures or video taken during this program to be used as promotional purposes.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Player Shirt Size: YS YM YL AS AM AL AXL AXXL

Coach Shirt Size: AS AM AL AXL AXXL AXXXL AXXXXL

**\*For Department Use Only\***

Registration Fee: \$12 R \$25 NR CC CASH CHECK# \_\_\_\_\_ ONLINE CC Date Paid \_\_\_\_\_ Staff \_\_\_\_\_