



# TOWN OF PINE LEVEL

## PARKS AND RECREATION

### 2021 Registration Form



Registration fees must be paid before child can start practice. Form should be completed and turned in with registration fees at the Pine Level Town Hall, 306 East Brown Street or forms may be mailed to Town of Pine Level, P. O. Box 328, Pine Level, NC 27568, along with the appropriate fees. All fees are non-refundable and checks that are returned for insufficient funds will be assessed with a \$25.00 service fee. Complete one form for each child that is to participate. Select one activity per child from the list below and circle that activity:

ACTIVITY	REGISTRATION FEE	FILE FORM BY	AGE REQUIREMENTS	CLOTHING SIZES
T-ball	\$40	Friday, August 27 <sup>th</sup>	must be 4 yrs. old by May 1 <sup>st</sup> no older than 6 by April 31 <sup>st</sup>	shirt size _____
Football/cheer	\$80	Friday, July 30 <sup>th</sup>	must be 5 yrs. Old by Aug. 1 <sup>st</sup> No older than 12 by July 31 <sup>st</sup>	shirt size _____
Soccer	\$60 6 and under \$60 IN TOWN \$80 OUT OF TOWN	Friday, August 27 <sup>th</sup>	must be 4 yrs. Old by May 1 <sup>st</sup> no older than 12 by April 31 <sup>st</sup>	shirt size _____
Baseball softball	\$60 in town \$80 out of town	Friday, August 27 <sup>th</sup>	must be 7 by May 1 <sup>st</sup> no older than 12 by July 31 <sup>st</sup>	shirt size _____

Please PRINT legibly:

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Physical Address \_\_\_\_\_

Parent/Legal Guardian's Name \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Would you want to help coach? Yes No

As parent/legal guardian of the above named child, I understand that in sports activities there will be incidents and accidents. I allow my child to participate voluntarily in these activities. I also agree to abide by the rules of behavior as set forth by Pine Level Parks and Recreation Department.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY:** \_\_\_\_\_

Amt. Paid \$ \_\_\_\_\_ Date Paid \_\_\_\_\_ Cash or Check # \_\_\_\_\_ Fees Collected by: \_\_\_\_\_