

Participant Information 2026



Please Print Clearly

Youth Sizes / Adult Sizes

Division: _____ Shirt Size: YS YM YL / AS AM AL AXL AXXL

Child's Name: _____ Male: _____ Female: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Birthdate: _____ Age: _____

Email Address: _____ Medical Conditions: _____

School Attending: _____ Grade: _____

Emergency Contact: _____ Phone: _____ Relation: _____

Did you play last year? Yes: _____ No: _____ If Yes, which team: _____

Special Request: _____

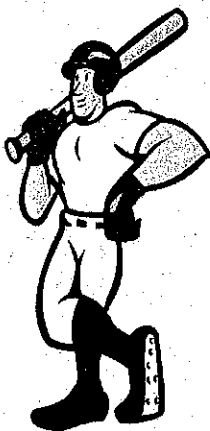
The Tri-City Agencies are responsible for determining which roster a child is on, not the coaches or parents. Please remember requests cannot be guaranteed.

**The success of our program is dependent upon volunteer coaches.
Are you interested in coaching a team?**

Coach: Yes: _____ No: _____ Assistant: Yes: _____ No: _____

**For the safety of the children, all coaches are required to fill out
an application and background authorization.**

Name _____ Phone # _____



Parents Code of Ethics

- I will encourage good sportsmanship by demonstrating positive support for all players, coaches and officials at every game or practice.
- I will place the emotional and physical well-being of my child ahead of any personal desire to win.
- I will insist that my child play in a safe and healthy environment.
- I will provide support for coaches and officials with my child to provide a positive, enjoyable experience for all.
- I will remember that the game is for children and not for adults.
- I will ask my child to treat other players, coaches, fans and officials w/ respect regardless of race, sex, creed or ability.

I, the undersigned parent or legal guardian of the above-named child, do agree to abide by the Parents Code of Ethics. I do hereby consent and agree that the above-named minor may participate in the Tri-City Baseball/Softball program. I understand and acknowledge that there are certain risks of physical injury associated with my child's participation in the above-named program which may occur through no fault of any volunteer, participant, employee, or officer of the Tri-City Recreation League, and/or any other sponsor or party. The recreation program reserves the right to use any pictures taken for publication.

Signature of Parent or Legal Guardian: _____

Date: _____ Work #: _____ Cell #: _____

Date Paid: _____ Receipt # _____ Clerk Initials: _____ **NO REFUNDS!**