

**THOMASTON-UPSON COUNTY RECREATION & PARKS DEPARTMENT  
YOUTH PARTICIPANT REGISTRATION FORM  
SPORT Teeball**

Name \_\_\_\_\_ Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Inside \_\_\_\_\_ Outside \_\_\_\_\_ City Limits \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Team Played on Last Year \_\_\_\_\_ Any Siblings playing T-Ball (name) \_\_\_\_\_

Is this player playing Spring Soccer in 2020? YES or No

Parent's Name \_\_\_\_\_ Email Address \_\_\_\_\_

Business Phone Father \_\_\_\_\_ Mother \_\_\_\_\_

Home Phone Father \_\_\_\_\_ Mother \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Child's Physical Condition \_\_\_\_\_

(List any physical or mental handicaps or diseases such as epilepsy, heart murmur, rheumatic fever, etc. which your child may have or any other special medical information which may affect your child's participation).

**All Participants please select shirt size: This will be jersey/sock size ordered.**

**Please select SHIRT SIZE: Youth S Youth M Youth L  
Adult S Adult M Adult L Adult XL Adult 2X**

**Girls select sock size: Small Medium Large**

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The Thomaston-Upson Recreation Department would like to notify parents/guardians that photos of individual players or teams will be taken for our sponsors and promotional projects.

I/We, the above parents of the above named child, hereby give my/our approval for their participation in activities during the current season. I/We assume all risks and hazards incidental to the conduct of the activities and transportation to and from activities. I/We do further hereby release, absolve, indemnify and hold harmless the Thomaston-Upson Recreation & Parks Department, the organizers of the activity, sponsors, supervisors any or all of them. In case of injury to my/our child, I/We hereby waive all claims against the organizers, the sponsors, or any of the supervisors appointed by them except to the extent covered by insurance. I/We do certify that our ward is covered by group accident or other comparable insurance.

I/We, the parents of the above named child, hereby give my/our permission to the person in charge of the activity to take my/our child to the doctor or hospital in case of injury. I/We understand I/We will be responsible for any and all cost incurred by emergency transportation or medical treatment provided. I have received the Heads Up Concussion Fact Sheet.

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ RECEIPT NO. \_\_\_\_\_

**NO REFUNDS AFTER TEE BALL LEAGUE DRAFT DATE**  
**We cannot guarantee that all requests will be honored.**

**Registration fee includes jersey/cap for boys**  
**Registration fee includes jersey/sock for girls.**

# Parental Code of Conduct & Responsibilities Contract

The Thomaston-Upson County Recreation Department would like to share with you standards, procedures and policies for

## YOUTH TEE BALL

*Offenders of the below stated code of conduct and responsibilities are subject to immediate removal from any game/practice or possibly the TeeBall program.*

### GAMES

Parents should not use foul or abusive language toward any Coach, Player, or Spectator. Parents' conduct should be conduct that you would want your child or other children to model. Please remember this in your tone, your words and your actions. Youngsters are watching you and will be influenced by your behavior.

### PLAYERS

Your player has registered to play Tee Ball. Playing a sport requires practice, conditioning and perseverance. Playing a team sport requires having team members present at practice to be conditioned, evaluated and trained for positions. It is important for a team sport to have all members present for practice. **Players may have limited playing time if they do not adequately attend and participate in practices.** Recreation league rules dictate that every player will be given the opportunity to play.

### **SCORES ARE NOT RECORDED FOR TEE BALL PLAY.**

Games are four (4) innings. Each player must play a minimum of two (2) innings.

Players/parents need to let coaches know as soon as possible if they will not be able to play in a game. This will allow coach adequate time to revise team strategy. A coach may limit playing time for missed practices and games.

Tee Ball will use the continuous batting order, and acknowledge three (3) outs.

### CONCERNS

If as a parent you have questions or concerns please be courteous and professional. Periods prior to practices or games are not appropriate times to discuss problems you may have with you players' baseball experience. Coaches should be focusing attention on practice and or the game. We suggest either a telephone call, email or arrange a time to meet/discuss concerns at a mutually convenient time. Please speak with your coach first. Follow the chain of command. If you still have concerns then bring them to the attention of the Athletic Coordinator, Wes McCard and/or Athletic Superintendent, Jeff Middlebrooks. Submit concerns in writing to him. He will review, make recommendations and respond. If after this course of action, your concerns have not been sufficiently addressed, then present your written concerns to Director, Mindy Daniel. She will review and respond.

### PARENT CONDUCT

Enthusiasm for the sport is admirable, but controlled enthusiasm is best. Always show respect for other team players, spectators and coaches. Loud and abusive yelling will not be tolerated. Parental and spectator comments should be positive and controlled. Offenders are subject to the following course of action: (1.) Verbal warning (2.) Letter of reprimand (3.) Meeting with Athletic Superintendent (4.) Suspension. *Offenders of the above stated code of conduct and responsibilities are subject to immediate removal from any game/practice or possibly the baseball program.*

*I (we) have read the above information and accept these conditions as part of my player's commitment to the Thomaston-Upson County Recreation Department's Youth Baseball Program and acknowledge the consequences of my (our) actions.*

CHILD'S NAME PARTICIPATING: \_\_\_\_\_

FATHER'S (guardian) SIGNATURE/DATE: \_\_\_\_\_

MOTHER'S (guardian) SIGNATURE/DATE: \_\_\_\_\_

LEGAL GUARDIAN SIGNATURE/DATE: \_\_\_\_\_

# Sports / Recreation- Plus ACCIDENT

## INSURANCE

Standard Life and Casualty Insurance Company P.O. Box 510690 Salt Lake City, UT 84151-0690  
Fax: 801-538-0392 Toll Free: 800-327-0695

### VOLUNTARY \$250,000 COVERAGE

- 1) PRIMARY COVERAGE - Pays regardless of other insurance, directly to you, your doctor, or hospital.
- 2) NO DEDUCTIBLE - Pays from first visit.
- 3) ALL ACTIVITIES - Sponsored and supervised by the recreation organization - except 10-12<sup>th</sup> grade football.

The policy covers participants enrolled for activities conducted by the policyholder for bodily injury caused by accidents while:

- Attending or participating in any regularly scheduled or authorized group activity of the policyholder which is conducted under the supervision of a leader;
- Traveling with other members of the policyholder as a group under the supervision of a leader.

### ACCIDENT MEDICAL EXPENSES BENEFIT \$250,000 - NO DEDUCTIBLE

Pays expenses incurred within 24 months after the date of accident for doctors, dentists, surgeons, hospitals, ambulance or registered nurse for treatment (commencing within 30 days) of any covered injury, with the following limitations:

- 1) Doctor's Calls - \$40.00 first visit and \$25.00 per daily visit thereafter for non-surgical treatment.
- 2) Surgeon's fees according to schedule - \$1,300 maximum.
- 3) Anesthesiologist - 25% of the surgical allowance.
- 4) Out-patient X-ray \$25.00 per X-ray - \$125.00 maximum.  
Radiologist \$25.00 per X-ray - \$125.00 maximum.
- 5) Hospital room and board limited to \$175.00 daily maximum.
- 5) Hospital miscellaneous - \$325.00 first day confined, \$225.00 second and \$100.00 daily thereafter.
- 7) Emergency Room - \$135.00 maximum.
- 3) The maximum limit for dental expenses as result of injury to natural teeth is \$500.00.
- 7) Ambulance - \$100.00 each trip - \$200.00 maximum.

**HOW THE PLAN WORKS** - A policy is issued to the Recreation organization. You will be either insured from the effective date of the policy or from the date on which premium is paid, whichever is later. Because of the small charge for this protection, there is no reduction in cost for late enrollment. Your insurance will expire at the end of the Recreation Organization's policy term.



Send All Claims To:

Standard Life and Casualty  
PO Box 510690  
Salt Lake City, UT 84151-0690

### PARTIAL DESCRIPTION ONLY - RECREATION ORGANIZATION HAS POLICY.

ONE PREMIUM per person insures that person for ALL sports and ALL other activities in which he / she participates throughout the policy period.

Please Complete Enrollment Form &  
Return To The Recreation Office With  
Correct Premium

Through Age 18  
**\$10.00**  
Per Person

### ENROLLMENT FORM

I do want \_\_\_\_\_ insured  
(name)

I do not want \_\_\_\_\_ insured  
(name)

X \_\_\_\_\_ Date \_\_\_\_\_  
(Signature of insured, parent or guardian)

Please make check payable to your recreation organization.

# ACCIDENTAL DEATH, DISMEMBERMENT AND LOSS OF SIGHT INDEMNITY

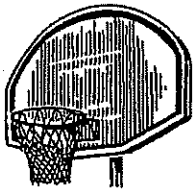
For Loss within 180 days of accident:

Life.....	\$5,000
Both hands, both feet, or sight of both eyes.....	5,000
One hand and one foot.....	5,000
One hand or foot, and sight of one eye.....	2,500
One hand or one foot.....	1,000
Sight of one eye.....	500
Two or more fingers or toes.....	250
One finger or one toe.....	150

**NOT COVERED** — (1) War, riot, civil disorder, suicide, any intentionally inflicted injury, or non-commercial air travel; (2) play, practice or travel in connection with any form of organized football in which any 10<sup>th</sup>, 11<sup>th</sup> or 12<sup>th</sup> grade student participates or adult football; (3) artificial aids such as crutches, braces, artificial limbs, hearing aids and eye glasses or prescription therefore, orthodontic treatment and appliances, or dental treatment except for injury to natural teeth, except as specifically provided for in the policy. Damage to teeth caused by biting, chewing or grinding is not covered; (4) disease, mental or bodily infirmity, aggravation of an existing condition, or hernia, regardless of cause; (5) injuries occurring while under the influence of or affected by intoxicants or narcotics; (6) insect bites, poison oak, poison ivy, warts, blisters, in-grown nails, food poisoning or any other similar condition; (7) bacterial infections except infections occurring through an open wound; (8) injuries sustained while operating or while a passenger on or on any two or three wheel motorized vehicle, or any 4-wheel motorcycles; (9) injuries resulting from fighting and/or activities in violation of any law are not covered; (10) payment of medical expenses incurred as a result of injuries suffered in automobile or motorized boat accidents shall be limited to \$2,500.00. This plan will pay against unpaid balances

according to the schedule of benefits. No benefits are payable for any expense which is paid or payable by any automobile insurance policy; (11) expense incurred for out-patient prescription drugs and medicines; (12) any charges the insured person is not legally obligated to pay; (13) elective surgery except cosmetic surgery made necessary as a result of a covered injury; (14) any loss covered under the Workmen's Compensation Act or similar law, nor confinement in a hospital owned or operated by the Federal, State, County or Local Government unless, in the absence of insurance, there is a legal obligation to pay for treatment or service; (15) traveling directly between home and the place where any activity is conducted for the purpose of attending or returning from such activity. Dependents are not covered. There is no conversion privilege.

**CLAIMS** — Notice of claim must be given to the Recreation Organization within thirty days after the date of the accident. The policy requires that proof of claim be filed within ninety days of loss. Claim payment can be made directly to the insured or benefits may be assigned to either a doctor or hospital. Claims will be paid promptly by the company.



## SPORTS

