



## **Tampa Police Athletic League Tee-Ball Registration Form**

Ages 5-7 Years Old

Registration Fees: 50\$

Shirt Size: \_\_\_\_\_

Payment Type (Circle): Cash / Check / Credit Card

Payment Taken By:

**Make Checks Payable to: Police Athletic League of Tampa Inc**

### PLAYERS INFORMATION (PRINT)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_

School: \_\_\_\_\_

### PRIMARY GUARDIAN INFORMATION (18 AND OLDER)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_



Phone Number Home: \_\_\_\_\_

Gender: Male or Female      Race: \_\_\_\_\_

Relationship: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Please list any allergies, medications and/or medical history of the participant:

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Would you the parent be willing to volunteer with the league? Yes or No

Please return all Registration Forms to:

Adam Harris

1924 W. Diana Street

Tampa, FL 33604

Office 813-367-8694

Cell 352-398-5879



