

I'm not robot!

ROBERTS SMITH
Professional Baseball Player

2013 Georgia 14U Softball Team

Manager: Heath Hawk
Email: wheathhawk@gmail.com
Phone: 770.891.1232
Web Site: tgsasoftball.com



TEAM GEORGIA 14U

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2013 Team Roster

00 Hailey Dunlop	10 Makena Lundin	16 Chloe Baker
1 Alana Frye	11 Lolli Yu	22 Kyleigh Grace
2 Kendrick Addaman	14 Amanda Natsch	26 Keira Mell
4 Haley Hawk	15 Marissa Guimbarda	40 Chandler Wright

Hailey Dunlop #00 1B/UT Bat: R Throw: R Age: 13 DOB: 6/4/99  West Forsyth HS Class of 2017	Alana Frye #1 C/UT Bat: R Throw: R Age: 13 DOB: 4/6/99  West Forsyth HS Class of 2017	Kendrick Addaman #2 P/O Bat: R Throw: R Age: 13 DOB: 2/14/99  Mount Pisgah Class of 2017	Haley Hawk #4 3B/O Bat: R Throw: R Age: 14 DOB: 1/8/99  Pinecrest Academy Class of 2017
Makena Lundin #10 OF/2B Bat: R Throw: R Age: 13 DOB: 11/1/99  North Gwinnett HS Class of 2018	Lolli Yu #11 C/O Bat: R Throw: R Age: 13 DOB: 10/12/99  Peachtree Ridge HS Class of 2017	Amanda Natsch #14 SS/UT Bat: R Throw: R Age: 14 DOB: 1/25/99  Mill Creek HS Class of 2017	Marissa Guimbarda #15 P/1B Bat: R Throw: R Age: 13 DOB: 4/27/99  Lambert HS Class of 2017
Chloe Baker #16 2B/O Bat: L/R Throw: R Age: 13 DOB: 5/27/99  Union Grove HS Class of 2017	Kyleigh Grace #22 C/O Bat: R Throw: R Age: 13 DOB: 7/28/99  Forsyth Central HS Class of 2017	Keira Mell #22 2B/O Bat: L Throw: L Age: 14 DOB: 1/26/99  South Forsyth HS Class of 2017	Chandler Wright #40 P/O Bat: R Throw: R Age: 14 DOB: 1/27/99  Buford HS Class of 2017



SURREY COUNTY PARKS AND RECREATION



YOUTH BASKETBALL REGISTRATION FORM

COMPLETE ONE FORM PER CHILD

A PHYSICAL EXAM IS REQUIRED FOR ALL PARTICIPANTS AT LEAST EVERY TWO YEARS

Check here if interested in camp () Fee _____

Please circle one: Male Female T-Shirt Size: Youth SM Med L XL Adult SM Med L XL XXL XXX

Participant's Name _____ Age _____

Address _____ Date of birth _____

City _____ State _____ Zip _____

Parent/Legal Guardian's Name _____

Home Phone _____ Cell Phone _____ Work Phone _____

E-mail Address _____

IN CASE OF EMERGENCY

Contact # 1 Name _____	Contact # 2 Name _____
Address _____	Address _____
Home # _____	Home # _____
Cell # _____ Work # _____	Cell # _____ Work # _____

Participant's Allergies: _____

Participant's Medical Conditions: _____

MEDICATIONS CANNOT BE GIVEN TO ANY CHILD OR ANYONE EMPLOYED BY THE SURREY COUNTY PARKS AND RECREATION DEPARTMENT.

Name of Participant's Physician _____

Physician's Telephone _____

WAIVER OF LIABILITY RELEASE FORM

I am aware of the nature of this activity and I hereby assume responsibility for _____ (Participant's Name) to participate and to be photographed for publicity purposes. I will not hold the COUNTY OF SURREY, THE DEPARTMENT OF PARKS AND RECREATION and/or its employees responsible in the case of accident or injury as a result of this participation. I understand that this completed form must be in the possession of the Surry County Department of Parks and Recreation prior to participation in this program.

Parent/Legal Guardian Signature _____ Date _____

FOR OFFICE USE ONLY

Amount Paid _____ () M.O. () Cash () Check # _____ Receipt \$ _____ Received by _____ Date _____

FRONT RANGE
Volleyball Club
College Recreational Sports

PERSONAL INFORMATION

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

EMAIL: _____

AGE: _____

SEX: _____

HEIGHT: _____

WEIGHT: _____

HAIR: _____

EYES: _____

SKIN: _____

ALLERGIES: _____

PHYSICIAN: _____

PHYSICIAN'S PHONE: _____

EMERGENCY CONTACT: _____

EMERGENCY CONTACT PHONE: _____

EMERGENCY CONTACT ADDRESS: _____

EMERGENCY CONTACT CITY: _____ STATE: _____ ZIP: _____

EMERGENCY CONTACT PHONE: _____

EMERGENCY CONTACT EMAIL: _____

EMERGENCY CONTACT RELATIONSHIP: _____

EMERGENCY CONTACT OCCUPATION: _____

EMERGENCY CONTACT EDUCATION: _____

EMERGENCY CONTACT MARITAL STATUS: _____

EMERGENCY CONTACT CHILDREN: _____

EMERGENCY CONTACT PETS: _____

EMERGENCY CONTACT OTHER: _____

EMERGENCY CONTACT SIGNATURE: _____

EMERGENCY CONTACT DATE: _____

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