



Panama City Beach Sandlot Baseball



FREE
REGISTRATION

AUGUST 19 - SEPTEMBER 2
AT FRANK BROWN PARK OR WWW.PCBFL.GOV



AGES 7 TO 10

**IF YOU HAVE YOUR OWN GEAR,
PLEASE BRING IT!**

SANDLOT BASEBALL TIME & DATES

TUESDAY, SEPTEMBER 3, 2024, 5:30P.M. TO 7P.M.
TUESDAY, SEPTEMBER 10, 2024, 5:30P.M. TO 7P.M.
TUESDAY, SEPTEMBER 17, 2024, 5:30P.M. TO 7P.M.
TUESDAY, SEPTEMBER 24, 2024, 5:30P.M. TO 7P.M.
TUESDAY, OCTOBER 1, 2024, 5:30P.M. TO 7P.M.
TUESDAY, OCTOBER 8, 2024, 5:30P.M. TO 7P.M.
TUESDAY, OCTOBER 15, 2024, 5:30P.M. TO 7P.M.
TUESDAY, OCTOBER 22, 2024, 5:30P.M. TO 7P.M.

INFORMATION

**ALL PRACTICES/SCRIMMAGES
WILL BE ON FIELDS 2 & 3.**

**THIS WILL BE A
PRACTICE/SCRIMMAGE OPEN
TO PLAYERS OF ALL SKILL
LEVELS AND DESIGNED TO
HELP THE KIDS BUILD SKILLS
AND CONFIDENCE.**

**THIS PROGRAM WILL BE TAUGHT BY QUALIFIED RECREATIONAL AND ALL-STAR COACHES THAT
UNDERSTAND AND HAVE A PASSION FOR THE GAME OF BASEBALL.**

**PARTICIPANTS MUST BE PREREGISTERED TO PARTICIPATE.
REGISTER ONLINE OR IN PERSON
16200 PANAMA CITY BEACH PARKWAY, PANAMA CITY BEACH, FL 32413
(850) 233-5045 MONDAY-FRIDAY 8 A.M. TO 6 P.M.**



2024 SANDLOT BASEBALL



Participant Registration Information

| | | | | | | |
|--------------------------------|---|----------------|---|-------|--------|------|
| Participant Name | / | D.O.B. | / | Age | () | () |
| | | | | | Female | Male |
| Address: Street & Number | / | City | / | State | / | Zip |
| Primary Guardian | / | Phone / Cell # | | | | |
| Secondary Guardian | / | Phone / Cell # | | | | |
| Emergency Contact | / | Phone / Cell # | | | | |
| Primary Guardian Email Address | | | | | | |

Age Groups

Division 2: Ages 7-8 ()

Division 3: Ages 9-10 ()

Participant Registration Permission / Waiver

PARTICIPATION PERMISSION: I, as an adult 18 and older and the parent or legal guardian of the above named participant, hereby give my approval to participate in the activity described above. I assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities.

I understand that supervision is only during the hours of the scheduled activity(ies). I also give the City of Panama City Beach permission to take photographs during registered activities for publicity purposes.

I hereby release, absolve, indemnify and hold harmless the City of Panama City Beach, the organizers, sponsors, supervisors, representatives, employees, volunteers and any or all of them from any injuries I may or my child may sustain as a participant in these activities. Participants are involved at their own risk. Registration fees do not provide for insurance.

Further, I hereby grant the City of Panama City Beach Parks & Recreation Department staff as agent(s), for the undersigned to consent to any X-ray examination, anesthetic, medical, surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act, whether such diagnosis, or treatment is rendered in physician's office or hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis treatment or hospital care which the physician, in the exercises of his best judgment, may deem advisable.

X _____
Signature of Parent / Legal Guardian

Date