### **Louisburg Parks and Recreation Department**

### **Our Mission Statement**

The Louisburg Parks and Recreation Department strives to be the leader in Franklin County by offering high quality recreational, cultural and leisure opportunities that will promote positive development and growth for Louisburg citizens and visitors alike. It is our mission to provide parks and recreation facilities that will meet the needs of our citizenry, preserve our natural resources and protect the historical integrity of our community for generations to come.

Phone 919-497-1010

Email cyoung@townoflouisburg.org

### **TOWN HALL HOURS**

Monday - Friday 8:30 am - 5:00 pm

### **Mailing Address:**

110 West Nash St. Louisburg, NC 27549

#### **STAFF**

Colton Young–Director Kim Saunders –Athletics Program Supervisor Ethan Young–Athletics and Parks Facility Supervisor

Visit us at our website

www.townoflouisburg.com

Or

Find us on Facebook

Town of Louisburg





### **Parks & Recreation**





Spring 2020
Baseball
and
Softball
Registration

### **SPRING ATHLETICS**

### **Registration Dates:**

Deadline: Friday, February 14, 2020 Walk in will be accepted Monday through Friday from 8:30am-5pm in the Louisburg Town Hall (110 West Nash St.)

## BOYS BASEBALL and GIRLS SOFT-BALL

Boys age cut-off as of 5/1/20 Girls age cut-off as of 1/1/20

Fees: Resident Non-Resident Ages 7-15 Boys \$25.00 \$70.00 Ages 7-12 Girls \$25.00 \$70.00

**LATE FEE**: A \$10.00 Late Fee will be applied to any payment after the Registration Deadline

\*Resident is defined as one who lives inside the Incorporated city limits and pays either town power or water.

\*\* Tentative Draft Date: TBD. You will be notified by email of the specific time and date.

For Your Knowledge!

Anyone that comes in after the deadline will be placed on a waitlist and taken on a need based basis.

Have questions? Give us a call at 919-497-1010 or email us at cyoung@townoflouisburg.org

# LOUISBURG PARKS & RECREATION DEPARTMENT SPRING ATHLETICS REGISTRATION FORM

BA	ASEBALL	SOFTBALL	
Participant's Name		Age	Birth Date
Parent(s)/Guardian(s)			Boy □ Girl □
Address		City	Zip
Mother's Cell	_ Fathers's Cell _		
Mother's Email	Fat	her's Email	
Are you interested in being an head	coach?	An assistant Coach?	
<b>Please put your childs uniform size</b> T-Shirt Size		Adult:	_
If Coaching, T-Shirt Size	Adult:	-	
DID YOUR CHILD PLAY THIS SI	PORT IN LOUISBUI	RG LAST YEAR?	
Knowing the physical and health conditi reation Department's youth basketball prend transportation to and from such ever Recreation Department and certify that resibility for the uniform issued to my childake my photo or my child's photo for mergistering your child you are Recreation Staff and other spectators resishow sportsmanship and respect players, banned from all future Louisburg Parks a violates our mission statement and goals be asked to leave without warning.	rogram. I hereby assum tts. I understand that in my child is covered as in d. Additionally, I give tarketing and/or promot agree to show sportsma tardless of team or city accoaches, Louisburg Pa and Recreation program	the all risks and hazards inci- dividual accident insurance indicated below. I also und the Louisburg Parks and R ional purposes. Inship and respect to all pla affiliation. By agreeing to tarks and Recreation Staff ar iming. Disrespect and unsp	idental to the conduct of the activities is required by the Louisburg Parks are erstand and agree to assume full response creation Department permission to yers, coaches, Louisburg Parks and this you acknowledge that failure to ad other spectators will result in being portsmanlike conduct in anyway directly
Parent Signature		Date	
	RECREATION	OFFICE USE ONLY	
Date Registered / /20	Fees Paid: <u>\$</u>		Received By:
Cash □ Check □ Check #	Receipt #		Amount Due