



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

T-Ball

T-Ball is designed to introduce the game of baseball in a fun, non-competitive environment to youth entering grades K-2 in the fall of 2012. The goal is for every program participant to be successful and to have FUN! Teams will be formed according to grade. This is a coed program. Future Kindergartners will be in one league and children entering 1st & 2nd grade will be in another. Teams will practice once a week on weeknights (Monday, Tuesday or Thursday determined by the volunteer coaches) and games will be held for 1 hour on Saturdays between 9:00-12:00 pm with the 1st & 2nd graders playing first. There may be 1 or 2 games played during the week to avoid 4th of July and Fun Days.

VOLUNTEER COACHES NEEDED!

We need 3-4 coaches per team. The Y provides training. Contact Laura Diaz at the Y if you are interested or indicate on registration form. We need your help!

ALL SPORTS JERSEY

Players must provide their own All Sports Jersey which may be purchased at Play It Again Sports or Scheels. This jersey will be good for all YMCA Youth Sports.

SPONSORS NEEDED

People or businesses interested in sponsoring a team are needed. Sponsor fees are \$150.00 and are used for purchasing the players caps and scholarships for children. The sponsors logo will be printed on players caps. Contact Laura Diaz at the YMCA at 387-8255 if interested.

PROGRAM DATES:

Begins Week of June 4
1st Game June 16
Last Game July 21

PROGRAM FEES:

Member: \$27.00
Non-Member: \$49.00
*For FA info call Laura Diaz @ the Y

Registration Due by Monday, May 4th

T-Ball Registration 2012

Player's Name _____ Grade _____ Age _____ Sex _____ Birth Date ____/____/____
Address _____ City _____ School _____
Parents Name(s) _____ Phone _____ Alt. # _____
Email _____
(used only for electronic communication regarding the program)

AGREEMENT

1. I hereby certify that my child is in normal health and capable of safe participation in the youth sports program. I assume all risk(s) and hazards incidental to the conduct of this program. I hereby authorize the YMCA to obtain medical treatment for my child in the event that parent(s) and the emergency contact cannot be reached.
2. I support YMCA Youth Sports philosophy , which is based on participation, fun physical fitness and health, skill development, teamwork, fair play, family involvement and volunteer leadership.

Signature of parent or guardian

Date

YES, I AM WILLING TO HELP COACH MY CHILD'S TEAM!:

Name _____ Home phone _____ Email _____
(Volunteer parents will be coaching their child's team along with 1-2 other parent volunteers)