



Summer Baseball 2018 T-Ball & Coach Pitch

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Session Dates: June 4 through June 21(3 weeks, games on Monday AND Thursday)

Registration Deadline: May 26th

T-Ball: 3-5 year old boys and girls (must be 3 by April 1st)

Fees: \$20members/\$35 non-members

DETAILS: 3 week/6 game season, games will be played on Monday AND Thursday evenings.

SEASON DATES: June 4 th through June 21st.

REGISTRATION DEADLINE: May 26th. All registrations received after May 26th will be charged a \$10 late fee.

PLAYER WILL NEED: YMCA reversible jersey (\$20), hat, glove, rubber cleats or running shoes and a water bottle.

Coach Pitch: 6-7 year old boys and girls

Fees: \$20 members/\$35 non-members

DETAILS: 3 week/6 game season, games will be played on Monday AND Thursday evenings.

SEASON DATES: June 4th through June 21st.

REGISTRATION DEADLINE: May 26th. All registrations received after May 26th will be charged a \$10 late fee.

PLAYER WILL NEED: YMCA reversible jersey (\$20), hat, glove, rubber cleats or running shoes and a water bottle.

BE SURE TO ADD YOUR EMAIL TO REGISTRATION; THIS IS HOW YOU WILL RECEIVE YOUR ROSTER AND SCHEDULE. IN THE EVENT OF INCLEMENT WEATHER, WE WILL MAKE UP ONE GAME ON A DATE TBA. TO RECEIVE TEXT NOTIFICATIONS FROM THE Y, TEXT @99B27 TO 81010

All Y Youth Sports programs rely on volunteer coaches, please consider coaching a team!

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Find us on Facebook

Beatrice Mary Family YMCA

Participants name: _____

Home address: _____ City _____ State _____

Gender _____ Age today _____ DOB _____ Grade _____ School _____

Parent/Guardian 1 name _____ Phone _____

Parent/Guardian 2 name _____ Phone _____



EMAIL ADDRESS _____

I want to be a volunteer: [] Coach [] Assistant Coach Signed _____

If paying via US Mail, please add credit card # _____ Exp. Date _____

PARTICIPATION RELEASE

I release the Beatrice Mary Family YMCA, its coaches from all claims of injury which may be sustained by above person while participating in any YMCA-sponsored activity, whether caused by the negligence of the YMCA or otherwise. If medical attention is required, I give my permission for such medical care. I also agree to follow the Beatrice Mary Family YMCA sportsmanship standards and guidelines. By signing below, I give the YMCA permission to use photographs or videos of the above named participant for promotional materials. There will be a \$25 charge on all returned checks.

I understand that refunds will be made only for full session registrations canceled by the YMCA. The YMCA reserves the right to cancel programs with insufficient registration. Programs may be canceled due to inclement weather. I also understand that class session registrations canceled by the registrant more than 1 week prior to the starting date of a session or the day of the program, whichever is earlier, may be issued credit vouchers good for purchasing Beatrice Family YMCA services or merchandise within one year of the date of issue No Credit.

Sign here _____

For Office Use Only

Fee for all programs

Program Fee: _____

Date: _____ Amt Due: _____

Payment Method: [] CC [] Check [] Cash

Staff Name: _____