



# HENDERSON COUNTY FAMILY YMCA YOUTH T-BALL LEAGUE 2018

LOCATION: YMCA- 460 Klutey Park Plaza(Across from the Gleaner) – 827-9622  
T-Ball Fields behind the YMCA www.hcfymca.com

DATES: Wednesday Nights for Six Weeks – May 2<sup>nd</sup> thru June 6<sup>th</sup>

TIMES: 3-4 yr old boys & girls: 5:30pm–6:30pm  
(MUST NOT TURN 5 BEFORE JUNE 6, 2018)  
5-6 yr old boys & girls: 6:45pm-7:45pm  
(MUST NOT TURN 7 BEFORE JUNE 6, 2018)

COST: **SAVE \$5.00 IF YOU SIGN UP BEFORE WEDNESDAY, APRIL 11<sup>TH</sup>**  
\$25.00 for Y Members on or before April 11<sup>TH</sup> -after April 11<sup>TH</sup> \$30.00  
\$30.00 for Youth Members on or before April 11<sup>TH</sup> –after April 11<sup>TH</sup> \$35.00  
\$50.00 for Non-Members on or before April 11<sup>TH</sup> -after April 11<sup>TH</sup> \$55.00  
(Financial assistance is available for low income families but must be applied for  
by April 11<sup>TH</sup> –**NO EXCEPTIONS!** ) Each child will receive a SHIRT

This is an instructional t-ball league. The first 15-20 minutes the children will be instructed on different t-ball fundamentals. The last 40-45 minutes the children will play about a 3 inning ballgame. Each child will get to play and bat every inning. **NO CLEATS OR METAL/WOOD BATS. REGISTRATION DEADLINE IS WEDNESDAY, APRIL 18, 2018 --NO EXCEPTIONS!!! REGISTER NOW AT THE YMCA!!! NO REFUNDS AFTER THE PROGRAM BEGINS!!!** \*Parents: Please keep the top half for information. Call YMCA a couple of days before the program starts if not contacted by a coach.

-----  
CHILD'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ AGE AS OF 6/6/18 \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_  
ZIP \_\_\_\_\_ PHONE # \_\_\_\_\_ MALE OR FEMALE AMOUNT PAID \_\_\_\_\_  
SHIRT SIZE 6-8, 10-12, 14-16, OR AS (CIRCLE ONE)  
(CIRCLE ONE)

### WAIVER/RELEASE/PERMISSION AGREEMENT

As a parent or guardian of a child participant, I hereby release and hold harmless the YMCA, its employees, volunteers from any and all such claims or actions as a result of any injury from my or my child's direct or indirect participation in this program.

PARENT'S NAME \_\_\_\_\_  
PARENT'S PERMISSION SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

I CAN COACH MY SON OR DAUGHTER'S TEAM YES \_\_\_\_\_ NO \_\_\_\_\_

(Don't check yes unless you can and want to coach -REMEMBER WITHOUT PARENT VOLUNTEERS TO HELP, THE YMCA CAN NOT OFFER THESE PROGRAMS)

NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

**FORM MUST BE COMPLETED IN FULL AND TURNED INTO THE YMCA WITH PAYMENT BY WED., APRIL 18, 2018. FOR MORE INFORMATION CALL THE YMCA AT 827-9622 OR LEAVE A MESSAGE FOR CARLA BENDER**

**MISSION: To put Christian Principles into practice through programs, services, and facilities that build healthy spirit, mind, and body for all.**

CODE # 03111