

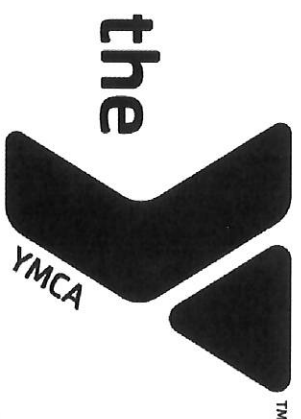
**YMCA MISSION:**

To put Christian principles into practice  
through programs that build a healthy spirit,  
mind and body for all.

ALL GAMES WILL BE PLAYED IN THE EVENINGS AT  
SOUTH FIELD PARK (HWY. 57 SOUTH, WASHINGTON, IN).  
SCHEDULED GAME NIGHTS ARE TUES. & THURS.

1ST GAME 5:30 PM; 2ND GAME 7 PM

# T-BALL



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## Daviess County Family YMCA

Minimum of 32 sign-ups to run the league.  
Please help pass the word.

**DAVISS COUNTY FAMILY YMCA**

**405 N.E. THIRD STREET**

**WASHINGTON, IN 47501**

**812-254-4481**

**[www.dcyymca.org](http://www.dcyymca.org)**

**T-BALL IS FOR BOYS & GIRLS AGES 4, 5, 6 YEARS OLD**

**2019 REGISTRATION DATES**

**APRIL 8 - MAY 24**

**Games begin the middle of June!**

# T-BALL REGISTRATION FORM

T-Ball players must be 4 by 5/24/2019 and

cannot turn 7 before 7/31/19

Price: Members \$26 (\* membership must remain current for entire season)

Program Members \$54 (\$60 for family)

Name of Player \_\_\_\_\_

Male or Female - Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Zip \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Shirt Size - Circle one:

Child: Sm. Med. Lg. Adult: Sm. Med. Lg.

I hereby certify that \_\_\_\_\_ (Name of Player) is in normal health and is capable of participating safely in this YMCA league. The following is a list of any medical, physical, or mental information or limitations. (Include any attention deficit, etc) \_\_\_\_\_

In signing this registration, I hereby release any and all rights and claims for injuries and damages I may have against the Daviess County Family YMCA, its' staff, officials, and coaches. I further give the YMCA and its' representatives permission to have my child treated in the event of an accident if I cannot be contacted or located. I assume all financial responsibility in case of an accident or injury where the YMCA is not at fault.

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

PARENTS PLEASE SUPPORT YOUR CHILD AND THIS PROGRAM BY VOLUNTEERING! YOUR INVOLVEMENT IS NEEDED AND

APPRECIATED. PLEASE CHECK HERE:

COACH \_\_\_\_\_ ASSN'T COACH \_\_\_\_\_ UMPIRE \_\_\_\_\_  
OTHER \_\_\_\_\_