

## YMCA MISSION:

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

YMCA T-Ball is a non-competitive, co-ed learning league designed to instill a love of sports, promote fitness and strengthen family relationships. Kids will learn the rules of the game, gain confidence and self-esteem in this FUN program!

### Program Goals:

- ♦ Character Development; Honesty, Caring, Respect, Responsibility
- ♦ To have fun! T-Ball teaches basic fundamentals & keeps it fun. No score is kept!
- ♦ To provide every player with a positive, wholesome experience.
- ♦ To provide social & recreational opportunities.
- ♦ To help kids build self-esteem, and to practice and/or develop leadership, athletic, and decision making skills.
- ♦ To strengthen family relationships.

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

**DAVIESS COUNTY FAMILY YMCA**  
405 N.E. THIRD STREET  
WASHINGTON, IN 47501  
812-254-4481  
[www.dcyymca.org](http://www.dcyymca.org)

# T-BALL



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

## **Daviess County Family YMCA**

More than just another youth sport...

By putting Christian principles into practice through programs that build a healthy spirit, mind and body for all, YMCA youth sports develop character; Honesty, Caring, Respect, and Responsibility

**T-BALL IS FOR BOYS & GIRLS AGES 4, 5, 6 YEARS OLD**  
**2015 REGISTRATION DATES**  
**APRIL 20 - MAY 29**

**Games begin the middle of June!**

# T-BALL REGISTRATION FORM

T-Ball players must be 4 by 5/29/2015 and

cannot turn 7 before 7/31/15

**Price: Members \$22** (Y membership must remain current for entire season)

**Program Members \$52** (\$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** \_\_\_\_\_