

**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

**DAVISS 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**

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

**T-BALL IS FOR BOYS & GIRLS AGES 4, 5, 6 YEARS OLD**  
**2017 REGISTRATION DATES**  
**APRIL 10 - MAY 26**  
**Games begin the middle of June!**

# T-BALL REGISTRATION FORM

T-Ball players must be 4 by 5/28/2017 and

cannot turn 7 before 7/31/17

**Price: Members \$24** (Y membership must remain current for entire season)

**Program Members \$50** (\$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 \_\_\_\_\_