

T-BALL REGISTRATION FORM

T-Ball players must be 4 by 5/24/2021 and

cannot turn 7 before 7/31/21

Price: Members \$28 (Y membership must remain current for entire season)

Program Members \$56 (\$62 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 _____