



## **YMCA of Catawba Valley | 2020 Youth Baseball | [ymcacv.org](http://ymcacv.org)**

**HICKORY FOUNDATION YMCA | 701 1st St NW | Hickory NC 28601 | 828 324 2858**

**ADRIAN L. SHUFORD, JR. YMCA | 1104 Conover Blvd E | Conover NC 28613 | 828 464 6130**

### **AGES**

Youth Baseball is for boys and girls 3-13 years-old.

### **REGISTRATION DATES**

Early registration is March 9th - April 5th. Late registration will be April 5th—12th as space allows.

### **REGISTRATION FEES**

The registration fee is \$45 for YMCA Members and \$80 for Non-Members.. The late registration fee is \$10. Financial Assistance is available; please call for more information.

### **PRACTICES**

Practices will begin the week of April 20th and be held at the branch you register for. All divisions will practice 1-2 times per week on Monday-Friday.

### **GAMES**

Games will begin Saturday, May 2nd and be held at both branches. Games will mostly be on Saturdays but there will be some week night games.

### **CONTACT**

For more information please contact Bethany Spears (Hickory Foundation YMCA) at [bethanys@ymcacv.org](mailto:bethanys@ymcacv.org) or Hunter Townsend (Adrian L. Shuford, Jr. YMCA) at [huntert@ymcacv.org](mailto:huntert@ymcacv.org).

### **YMCA MISSION**

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

# 2020 Youth Baseball Registration Form

Branch Location:  Hickory Foundation YMCA  Adrian L. Shuford, Jr. YMCA  
Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Cell: \_\_\_\_\_  
Father's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Cell: \_\_\_\_\_  
Cell Phone Provider: \_\_\_\_\_  
Best Email Address (Required for communication from coaches): \_\_\_\_\_  
Child's Shirt Size:  YS  YM  YL  AS  AM  AL \_\_\_\_\_ Years Played Sport: \_\_\_\_\_

Are there any days you cannot practice (up to 2)?  
 Monday  Tuesday  Wednesday  Thursday  Friday

YMCA Youth Sports are not possible without the help of volunteers. As a parent, I would like to:  
 Head Coach (Shirt Size: \_\_\_)  Asst. Coach (Shirt Size: \_\_\_)  Team Sponsor (\$250; tax deductible)

**In divisions for 7 year-olds and older, teams will be selected via player draft held by the coaches. In order to better understand the varying skill level of participants, a Skills Assessment is held prior to the season and is mandatory for participants. If there are two options for your child's age group, your child should only come to one. Please select the appropriate age group for your child below:**

Age as of February 24	
<input type="checkbox"/> 3-4 Coed (Mondays @ 5:30pm)	No Skills Assessment
<input type="checkbox"/> 3-4 Coed (Saturdays @ 9:00am)	No Skills Assessment
<input type="checkbox"/> 5-6 Coach Pitch	No Skills Assessment
<input type="checkbox"/> 7-9 Machine Pitch	April 18th @ 9:00 am
<input type="checkbox"/> 10-12 Kid Pitch	April 18th @ 10:00 am

I hereby certify that my child is in normal health and capable of safe participation in YMCA Youth Sports programs. I do acknowledge the risk of injury associated with playing sports at the YMCA of Catawba Valley. I agree to waive all claims against, and hold harmless the YMCA of Catawba Valley staff, volunteers, coaches and sponsors. In the event that I cannot be reached to make arrangement for emergency medical attention at the time of illness or accident, I hereby authorize the YMCA to transport my child to the nearest medical facility for treatment deemed necessary.

I support the YMCA Youth Sports philosophy that is based on "Athletes First, Winning Second," participation, fun, physical fitness and health, skill development, teamwork, fair play, family involvement, and volunteer leadership.

I acknowledge that the YMCA does not honor requests for coaches and/or teammates because we intend to keep the teams fair and balanced.

I understand that there is a registration deadline, which the YMCA must enforce, and there are no refunds as the program is conducted. I give permission to have my child's photo taken for YMCA publicity without repayment.

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