

FOR YOUTH DEVELOPMENT® FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILITY



T-BALL at the YMCA of Catawba Valley

Ages: Boys and Girls ages 3-6

When:

Registration is February 14th-April 7th

- Games are on Saturdays with occasional weeknight games
- First game is April 27th
- Holiday Time off: May 24th-27th

Where:

- Games will be played at both the Hickory and Shuford branches
- Practices will begin the week of April 22nd. Practice day/times will be determined after registration closes

Registration Information

- Members \$70, Non-members \$130
- Includes: Full uniform (shirt, shorts) 7 regular season games, medals
- Late Registration Fee: \$15
 - Late registration must be approved by the program director. Availability is **NOT** guaranteed

Contact Information: Abbey Tarr

abbeyt@ymcacv.org — 828-464-6130

PLAY

BALL!

2024 Youth T-Ball Registration Form

	Branch Lo	cation:			
Hickory Foundation YMCA		A	Adrian L. Shuford, Jr. YMCA		
	Age Div	ision:			
	3-4 Coed	5-6 Cc	bed		
Child's Name:	Date of Birth:		Age:		
Address:	City:			Zip:	_
Parent/Guardian Name:	Cell:		Email:		
Other Parent/Guardian Name:	Cell:		Email:		
lears of Experience:					
	Child's Sh	irt Size:			
Youth XSYouth S	Youth M	_Youth L	Adult S	Adult M	Adult L
	As a parent, I v	vould like to:	:		
	Team Sp	onsor:			
	\$250, Business na	me on back (of uniform		
\$500, Bu	siness name on back o	of uniform ar	nd banner on the	field	
	Соас	:h:			
Head Coach (Shirt S	ize:) OR	Assistant	t Coach (Shirt Siz	ze:)	
Please put 1-2 days of t	the week that <i>DO NO</i> 3	F work for yc	our family for we	ekly practices :	
*Please <u>DO NOT</u> put preference:	s for practice days! 0	nly days yo	u absolutely cal	nnot commit to pr	actice

Special Requests: (Considered but NOT Guaranteed) _____

I hereby certify that my child is in normal health and capable of safe participation in YMCA Youth Sport Programs. I do acknowledge the risk of injury and/or illness associated with playing sports at the YMCA of Catawba Valley. I agree to waive all claims, and hold harmless the YMCA of Catawba Valley staff, volunteers, coaches and sponsors. In the event that I cannot be reached to make arrangements 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 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 the YMCA does not have to honor requests for coaches and or teammates because we intend to keep teams fair and balanced.

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

Parent/Guardian Signature:_____

Date: