



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 March 3rd-May 4th

- Games are on Saturdays with occasional weeknight games
- First game is May 31st
- Holiday Time off: May 24th-26th

Where:

- Games will be played at both the Hickory and Shuford branches
- Practices will begin the week of May 19th. Practice day/times will be determined after registration closes

PLAY

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

BALL!

Contact Information: Abbey Tarr

abbeyt@ymcacv.org — 828-464-6130

2025 Youth T-Ball Registration Form

Branch Location:

___ Hickory Foundation YMCA

___ Adrian L. Shuford, Jr. YMCA

Age Division:

___ 3-4 Coed

___ 5-6 Coed

Child's Name: _____

Date of Birth: _____

Age: _____

Address: _____

City: _____

Zip: _____

Parent/Guardian Name: _____

Cell: _____

Email: _____

Other Parent/Guardian Name: _____

Cell: _____

Email: _____

Years of Experience: _____

Child's Shirt Size:

___ Youth XS

___ Youth S

___ Youth M

___ Youth L

___ Adult S

___ Adult M

___ Adult L

As a parent, I would like to:

Team Sponsor:

___ \$300, Business name on back of uniform

___ \$625, Business name on back of uniform and banner on the field

Coach:

Head Coach (Shirt Size: _____)

OR

Assistant Coach (Shirt Size: _____)

Please put 1-2 days of the week that **DO NOT** work for your family for weekly practices :

**** Please DO NOT put preferences for practice days! Only days you absolutely cannot commit to practice***

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.

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: _____