

# Lake Crystal Wellcome Memorial Community Education



## LITTLE LEAGUE BASEBALL SOUTH CENTRAL YOUTH BASEBALL LEAGUE Grade 6

- This program is in association with South Central Youth Baseball League
- SCYB baseball league is open to boys completing grade 6.
- SCYB Age Levels are based on state and national regulations.
- Visit [www.weseca.k12.mn.us](http://www.weseca.k12.mn.us) click on Community Ed then Recreation Dept then SCYB League

**Home Locations:** Jaycee Field & LCWM Secondary School Fields

**Approximate Start Date:** Week of June 7

**Playing Nights:** Monday & Wednesday

**Time:** \*6:15 pm Depending on field availability

**Fee:** \$65

Early discount fee - \$60 - BEFORE March 25th

**Payment must be received by Thursday, March 25th for early discount to apply.**



**Scholarships available please contact the Community Ed  
office at 726-2673 for more information.**

### COMMUNITY EDUCATION REGISTRATION FORM

Participant's Name (Please Print)	Grade	DOB	Community Ed. Class Name	Fee
				\$
				\$
<b>TOTAL</b>				\$

**Parent/Guardian Name** \_\_\_\_\_

**Address** \_\_\_\_\_ **PO Box** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home phone** \_\_\_\_\_ **Cell phone** \_\_\_\_\_ **UCARE I.D. Number:** \_\_\_\_\_

**E-mail address (optional)** \_\_\_\_\_

**T-shirt Size (circle):**    YXS (2/4)        YS(6/8)        YM(10/12)        YL(14/16)        YXL (18/20)

Adult SM        Adult MED        Adult LG        Adult XL        Adult XXL

**Yes! I will help coach or assist with:**    Baseball Grade:    3        4        5        6

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

I hereby agree to allow myself or my child to participate in the above named LCWM-Comm. Ed. activity. In consideration of accepting this registration, I hereby, for myself and heirs, waive any and all rights and claims for damages I may have against the LCWM School District #2071 and its representatives, for any and all injuries from whatever cause suffered by the above participant(s) in the indicated activity.

**Adult Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Make Checks Payable to:** LCWM Community Ed.  
**Mail Registration and Payment to:**  
 Community Ed., PO Box 160  
 Lake Crystal, MN 56055  
**Phone:** 507-726-2673 **Fax:** 507-726-2334

**All UCare Members** may take up to a **\$15 discount** on most classes. If a class is less than \$15, the member may take the class **FREE** of charge. Members must be enrolled with UCare at the time of registration, and throughout the duration of the course. Members need to include their UCare ID number when registering.