

# Geary Family YMCA of Fostoria

## T-Ball 2015

### Ages 4-7 years old

This YMCA program combines the elements of fun, fair play, skill development, fitness and family involvement. There are no try-outs, no league standings, no playoffs and no champions. Everyone wins!

#### Boys and Girls 4-7 years old

**Registration Deadline: June 13**

**Season: June 20-July 18**

**First Practice: June 20**

**Fees: Members \$20**

**Non Members \$38**

#### **All Coach and Parent information will be available online**

There is a \$5 discount per additional child in same family

A \$5 late fee will be assessed after the registration deadline.

*Scholarships are available for those in financial need prior to registration deadline. Contact the Sports Director.*

**The YMCA places children on teams at random. The only requests that will be considered are carpooling requests, please write on form the request. The YMCA reserves the right to deny any such requests. Please remember that YMCA youth sports are for fun, fitness, and meeting new friends!**

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#### **T-Ball Registration Form 2015**

Detach and return with payment to the YMCA- 154 W. Center St.

Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ Phone#(Home) \_\_\_\_\_ Phone#(Cell) \_\_\_\_\_

City \_\_\_\_\_ Member \_\_\_\_\_ Non-Member \_\_\_\_\_ E-mail: \_\_\_\_\_

Player T-shirt size: Y-S \_\_\_\_\_ Y-M \_\_\_\_\_ Y-L \_\_\_\_\_ A-S \_\_\_\_\_ A-M \_\_\_\_\_ A-L \_\_\_\_\_

Parent to Volunteer to Coach \_\_\_\_\_ Phone# \_\_\_\_\_ Coach Shirt Size \_\_\_\_\_

E-mail \_\_\_\_\_ ( I will send rosters to e-mail)

I hereby certify that my child is of normal health. I assume all risks related to the conduct of the program. I will hold harmless the Geary Family YMCA of Fostoria and its staff from any claims, suits or losses including claims resulting from injury or death, accidental or otherwise. I authorize the YMCA to obtain emergency medical treatment for my child in the event that I cannot be reached.

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

Parent/Guardian Names (Please Print) \_\_\_\_\_

**All information must be complete. Please write carpooling requests on this form only.  
Any Questions or Concerns Contact the Program Director (435-6608).**

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YMCA Use Only:

Amt. paid \_\_\_\_\_ Date \_\_\_\_\_ Staff initials \_\_\_\_\_

