

AMERICA'S PASTIME SPORT



RAGBALL, COACHES PITCH FOR 6-8 YR OLDS

Children ages 6 - 8 are welcome to come and participate in this league. This is a co-ed program, and is the next step up from t-ball, with the coaches pitching to the children. Participants will learn the basics of baseball and improve motor skills by hitting a moving target. Children will need to bring their own gloves. Each child will receive a t-shirt for participation. Practices will be twice a week until games begin, then once a week. Practice days and times are set by our volunteer coaches, with games played on Thursday evenings.

VOLUNTEER COACHES ARE ALWAYS NEEDED AND APPRECIATED!

EARLY REGISTRATION: MARCH 12 - APRIL 6

OPEN REGISTRATION: APRIL 7 - APRIL 20

PROGRAM RUNS: APRIL 23 - JUNE 30

FEES: MEMBER \$18 EARLY REG / \$25 OPEN REG
NON-MEMBER \$38 EARLY REG / \$45 OPEN REG

COACHES MEETING: WED, APRIL 18

REGISTER EARLY TO GUARANTEE PLACEMENT AND BEAT THE PRICE INCREASE!



QUESTIONS? CONTACT MOLLY AT 419-332-9622 OR MOLLYN@FRYMCA.ORG

Name:	Grade:	School:	DOB:	Gender: M F
Address:	City:		Phone:	
Child's T-Shirt Size (circle one):	Y Sm (6-8)	Y Med (10-12)	Y Lg (14-16)	Ad Sm Ad Med Ad Lg
Parent T-Shirts (optional) \$12 each:	Ad Sm	Ad Med	Ad Lg	Ad XL Ad 2XL
Parent/Guardian Name:	Request:			
Email (used for updates and communication):				
<input type="checkbox"/> YES, I am willing to serve as a volunteer: <input type="checkbox"/> Head Coach <input type="checkbox"/> Asst. Coach <input type="checkbox"/> Referee <input type="checkbox"/> Shirt Size: _____				

Sandusky County YMCA Waiver: I hereby authorize the staff of the Sandusky County YMCA to act for me according to their best judgment in any emergency requiring medical attention, and I hereby waive and release the Sandusky County YMCA from any and all liability for injuries or illnesses incurred while participating in its programs. I understand that participation carries some risk of injury. All participants must disclose any/all communicable diseases/conditions on medical waiver prior to first practice. The Sandusky County YMCA is not responsible for personal items that are lost, stolen, or damaged. All medical expenses incurred will be the responsibility of the participant's family. The YMCA will be taking pictures. I hereby grant permission for program participant to be photographed and for the photograph to be used for promotional purposes by the Sandusky County YMCA.

Signature of Parent/Guardian: _____ **Date:** _____



**Please return form to the YMCA front desk or mail with payment to:
 Sandusky County YMCA – 1000 North St. – Fremont, OH 43420**

