



# BUILDING SKILLS HAVING FUN!

## YOUTH T-BALL LEAGUE



This is a co-ed program for youth 4-6 years old. This league is a great way to introduce your kids to baseball. Fundamentals of the game will be taught in a playful, family environment through drills and games. Kids just need to bring their own gloves. Practices will be twice a week until games begin, then once a week. Practices will be held during the week with the days and times set by the volunteer coaches.

Games will be 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**



TBALL