



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

T-Ball 2019

Sign your child up for a fun and interactive experience through sport. Our focus at the Y is to help develop our youth. We will promote good sportsmanship, inclusion, and positive reinforcement. This program will allow us to reach your child and encourage a healthy active lifestyle while helping develop their self esteem, social skills, and athletic skills.

Who: 3 years - 5 years (boys and girls)

When: Tuesdays and Thursdays 5:00pm, 6:00pm, or 7:00pm start time

Where: Ball field behind Shelby Middle School

Registration: March 11th - May 20th

Members: \$40 Non-Members: \$50

(\$25 price increase after the registration period)

Coaches Meeting: Thursday, May 30th at 5:00pm at the Shelby YMCA

Program Duration: June 4th - July 18th, 2019

Register online at www.shelbyymca.org OR register at the Shelby YMCA at 111 W. Smiley Avenue Shelby, OH 44875

Contact Travis Yoakum at 419-347-1312 Ext. 222 for any questions or comments

111 W. Smiley Ave. Shelby, OH 44875 - www.shelbyymca.org - 419-347-1312



T-ball 2019 - Acct #1334

Player Information:

First Name: _____ Last Name: _____

Age: _____ Gender: _____ Grade: _____ Shirt Size (circle): Youth: S M L XL Adult: S M L XL

Parent / Legal Guardian Information (Emergency Contact):

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ E-mail: _____

Parent Coaching Interest: Yes: _____ No: _____ If needed _____ T-Shirt Size (if coaching): _____

Coaches Name (If coaching): _____

Please indicate any other child your son or daughter wants to be on the same team with & a reason why.

Name: _____ **Reason:** _____

Waiver and Release Form Liability: I hereby accept any and all responsibility for, and assume the risk of any and all injury or damage to my person or dependent children which might arise directly as a result, and or participation in the SHELBY Y and its activities, the various branches and subdivision thereof, and all employees and volunteers in their capacities as representatives of the SHELBY Y expressly including, but not limited to, the Board of Directors of the SHELBY Y, except from injuries caused intentionally, or by willful misconduct. I certify that I am familiar with the contents of this release, that I have read and understand the same and that it is my intention by my heirs, administrators, executors, successors and assigns. **Property Loss:** I understand that the SHELBY Y is not responsible for personal property lost, damaged or stolen while members and/or program participants are using the SHELBY Y facilities or on SHELBY Y program premises. **Photography Permission:** I give my permission for the SHELBY Y to use, without limitation or obligation, photographs, film footage or tape recordings which may include image or voice for purposes of promoting or interpreting SHELBY Y programs. **Insurance:** I understand it is my responsibility to provide for my own (and other members of my family if applicable) accident and health coverage while participating in all SHELBY Y activities. The SHELBY Y does not provide any accident or health insurance for its participants. **Medical Release:** I authorize the SHELBY Y as my agent to give and consent to surgical or medical treatment by a licensed physician or hospital when such treatment is deemed necessary by the physician if I cannot be contacted within a reasonable time or otherwise unable to give such consent. I authorize the SHELBY Y to give first aid, CPR or other treatment by a qualified staff member. **Acceptance:** This waiver and release is given for me and on behalf of all the minor members of my family or in my care, if any. If any portions of this waiver are held to be invalid I agree that the remaining terms shall continue to be full legal force and effect. **I have read, or have had read to me, and voluntarily sign this waiver and release from liability.**

Signature: _____

Date: _____

For Office Use Only:

Date Received: _____ Payment: Check # _____ Cash Credit Amount \$ _____

Received by: _____ Receipt # _____ Circle One: Member Non-Member