

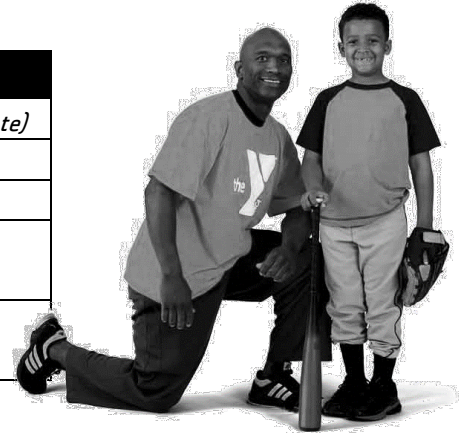


BE PART OF THE TEAM

Spring Baseball Registration

Expose your kids to loads of fun as they learn sportsmanship and teamwork while building baseball skills such as hitting, throwing and catching. Have your child join us in learning America's Favorite game! Our developmental T-Ball and Baseball Leagues are designed to teach the fundamentals of baseball and promote sportsmanship in a game setting.

Spring Baseball	
Ages	3-10 <i>(must be 3 yrs old by season start date)</i>
Season	April 8-May 24, 2019
Coach Registration	February 4-8
Y-Member Registration \$30	REGISTER ONLINE or IN OFFICE: February 11-March 8
Community Registration \$45	REGISTER ONLINE or IN OFFICE: February 25-March 8



- **Tiny T-Ball: 3 & 4 yo.** *(must be 3 by the start of the season)*
 - Teams will have a 20-minute practice followed immediately by a 40-minute game.
 - There are no additional practices during the week.
- **T-Ball: 5 & 6 yo.**
 - Teams play a combination of coach pitch and t-ball.
 - Teams will have weekly practices at the discretion of the coach.
 - Practice location/day/time will be determined by the volunteer coach
- **Coach Pitch Baseball: 7-10 yo.**
 - Teams will have weekly practices at the discretion of the coach.
 - Practice location/day/time will be determined by the volunteer coach

Practice Schedules: Practices are at the discretion of the coach and are not guaranteed to be at the game locations.

Game Schedules: Your games throughout the season will change from week to week and you are not guaranteed to have all your games at your requested home field.

How to request a coach or buddy

- Your buddy must also request to play with you.
- You both must also choose the same day, location and division. If the same location and division are not chosen, your preferred location will supersede your buddy request.
- Requests made late are not guaranteed.

Playerspace

We are pleased to announce that **The YMCA Of The Greater Tri-Cities** has partnered with PLAYERSPACE for electronic communication and league management.

What does this mean for you?

After you register for your sports programs with the YMCA, your Sports Director will be using PLAYERSPACE to:

- Assign players to their teams
- Create and share game schedules and onetime events, like picture day
- Communicate with you throughout the entire process

Youth Sports Registration Form

Members \$30 | Community \$45

PLAYER 1	First Name _____		Last Name _____		Date of Birth _____	Gender _____	
	T-Shirt Size		<input type="checkbox"/> Small (6-8)	<input type="checkbox"/> Medium (10-12)	<input type="checkbox"/> Large (14-16)	<input type="checkbox"/> Other _____	
	BASEBALL TEAM PREFERENCES: Your team preferences will help us determine which team your child will be placed on. You may request a specific coach, a buddy or your preferred game location. If you choose more than one preference, your team location will supersede all other preferences. Your buddy must also request to play with your child and both must choose the same preferences						
	Game Day Preference: Please select the day you prefer your games. Practices are scheduled at the discretion of the coach						
	T-Ball (ages 3-6):		<input type="checkbox"/> Tuesday	<input type="checkbox"/> Thursday	Coach Pitch (ages 7-10):		
<input type="checkbox"/> Coach Request _____				<input type="checkbox"/> Buddy Request _____			
Last name, First name				Last name, First name			

PLAYER 2	First Name _____		Last Name _____		Date of Birth _____	Gender _____	
	T-Shirt Size		<input type="checkbox"/> Small (6-8)	<input type="checkbox"/> Medium (10-12)	<input type="checkbox"/> Large (14-16)	<input type="checkbox"/> Other _____	
	BASEBALL TEAM PREFERENCES: Your team preferences will help us determine which team your child will be placed on. You may request a specific coach, a buddy or your preferred game location. If you choose more than one preference, your team location will supersede all other preferences. Your buddy must also request to play with your child and both must choose the same preferences						
	Game Day Preference: Please select the day you prefer your games. Practices are scheduled at the discretion of the coach						
	T-Ball (ages 3-6):		<input type="checkbox"/> Tuesday	<input type="checkbox"/> Thursday	Coach Pitch (ages 7-10):		
<input type="checkbox"/> Coach Request _____				<input type="checkbox"/> Buddy Request _____			
Last name, First name				Last name, First name			

PLAYER 3	First Name _____		Last Name _____		Date of Birth _____	Gender _____	
	T-Shirt Size		<input type="checkbox"/> Small (6-8)	<input type="checkbox"/> Medium (10-12)	<input type="checkbox"/> Large (14-16)	<input type="checkbox"/> Other _____	
	BASEBALL TEAM PREFERENCES: Your team preferences will help us determine which team your child will be placed on. You may request a specific coach, a buddy or your preferred game location. If you choose more than one preference, your team location will supersede all other preferences. Your buddy must also request to play with your child and both must choose the same preferences						
	Game Day Preference: Please select the day you prefer your games. Practices are scheduled at the discretion of the coach						
	T-Ball (ages 3-6):		<input type="checkbox"/> Tuesday	<input type="checkbox"/> Thursday	Coach Pitch (ages 7-10):		
<input type="checkbox"/> Coach Request _____				<input type="checkbox"/> Buddy Request _____			
Last name, First name				Last name, First name			

CONTACT INFORMATION	Address _____			Apt _____	City _____	State _____	Zip _____
	Parent 1 Name _____			Parent 2 Name _____			
	Primary Phone _____		Cell Phone _____	Cell Phone Provider (required for playerspace) _____			
	Work Phone _____		Emergency Phone _____	Emergency Name _____			
	Email (REQUIRED): Emails are used for PLAYERSPACE and allows our coaches and sports department to communicate important information regarding the sports season.						
	<input type="checkbox"/> Sign me up for the Y-Buzz monthly email newsletter <input type="checkbox"/> I am already receiving the Y-Buzz <input type="checkbox"/> No Thank you						
	REFUND POLICY: There will be a \$5 processing fee on all youth sports registration fee refunds if canceling prior to the start of the season. There will be a \$10 processing fee on all youth sports registration fee refunds once a season begins. Refunds are only given to the registration fee and not the membership fee. Credit vouchers may be applied to a child's account at 100% and used toward any YMCA program.						

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I WANT TO HELP KIDS PARTICIPATE	
Please accept my tax deductible donation to the YMCA Scholarship Fund to ensure all kids in our community can participate, regardless of financial circumstances.	
<input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> \$25	

WAIVER & REFUND POLICY	
Participation/Liability Release: I am the parent or guardian of the participant. I give my permission for my child to participate in YMCA program activities and to be transported as authorized by the YMCA. I understand that even when every reasonable precaution is taken, an accident can and will sometimes happen. Therefore, in exchange for the YMCA allowing me and/or my child to participate in YMCA activities, I understand and expressly acknowledge that I release, indemnify, and hold harmless the YMCA and its staff, boards, members, volunteers or guests from all liability for any injury, loss or damage connected in any way whatsoever to me or my child's participation in YMCA activities on or off YMCA premises. I understand that this release includes any claims based on negligence, action, or inaction of the YMCA, its staff, boards, volunteers, directors, members or guests.	
Insurance: It is the responsibility of every individual, their parent/legal guardian, to provide for their own accident and health coverage while participating in YMCA activities. The YMCA of the Greater Tri-Cities does not provide any accident or health coverage for its participants.	
Medical Treatment: If a parent/guardian cannot reasonably be located when my child requires medical attention, I hereby authorize the YMCA to transport my child and consent to any medical and/or surgical treatment of the above named participant that such staff or medical personnel deem advisable or necessary. I give permission for staff members to administer CPR and/or First Aid if deemed appropriate or necessary.	
Permission: I give the YMCA permission to use, photographs, film footage or tape recordings that may include my child's image or voice for purposes of promoting or interpreting YMCA programs without limitation, compensation or obligation.	
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I have read and fully comprehend this form and I am voluntarily signing this authorization and liability release form.	

Parent/Legal Guardian Signature _____	Date _____
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Office Use Only	Player 1: Game Day: _____ Division: _____ Location: _____
	Player 2: Game Day: _____ Division: _____ Location: _____
	Player 3: Game Day: _____ Division: _____ Location: _____