## DECATUR COUNTY FAMILY YMCA YOUTH T-BALL LEAGUE REGISTRATION

Ages 3-4 & 5-8

\$45 YM \$65 PM \*Financial Assistance Available\*

Coaches Meeting: TBD

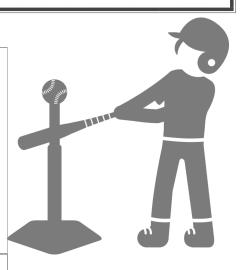
Practices Begin: Week of April 24th

**GAMES:** Begin week of May 1st (No Games Memorial Weekend)

REGISTER: March 20th- April 20th

Building Hours Mon-Fri 6:00am-9:00pm Saturday 9:00am-5:00pm Sunday 1:00pm-5:00pm **Questions:** 812-663-9622

www.decaturcountyfamilyymca.org





## YMCA Youth League Registration

## Sport—Youth T-Ball 2023

Name	Sex: M F Birth date _/_/_ Age Grade
Address	City State Zip
Home Phone	_
Teammate Requests	<del></del>
Practice Night Requests	
Shirt Size: (circle one) Youth: XS	S M L Adult: S M L XL
Parent/Guardian Name	Birth date//_ Work/Cell Phone Birth date/_/_ Work/Cell Phone RelationshipWork/Cell Phone
	Email:
	eer as a: (circle one or more) Coach Asst.Coach Umpire . TO THE SUCCESS OF THIS PROGRAM!
I will sponsor or know a sponsor for Sponsors will have their compar	Team(s). Sponsor Nameny name on the back of a team's uniform and also receive a team picture for \$100

I hereby certify that my child is in normal health and capable of safe participation in the youth sports program. I assume all risk(s) and hazards incidental to the conduct of this program and for the transportation to and from the program. I hereby authorize the Decatur County Family YMCA to obtain medical treatment for my child in the event that the parent(s) and the emergency contact cannot be reached. I support the YMCA Youth philosophy, which is based on participation, fun, physical fitness and health, skill development, teamwork, fair play, family involvement, and volunteer leadership. I agree that the Decatur County Family YMCA has my permission to use pictures and other art forms depicting my child in future publications and promotions.

Waiver

(Parent/Guardian Signature)	(Date)