



PLATTSBURGH YMCA

T-Ball & Coach Pitch Baseball —2019

(Boys & Girls— 3 1/2 to 8 years of age)



Registration Dates: Members: April 10 - May 12 (or until full) **Season Dates:** May 18 - July 6
 Community: April 24 - May 12 (or until full)

FEES: **Y Member:** \$50 **Community Member:** \$100 **No refunds except for medical reasons*

Games/Practices: **T-Ball Division** (3 1/2 to 5 yr. olds)
 9:00—10:30 on Saturday mornings

Coach Pitch Division (6-8 yr. olds)
 10:30—12:00 on Saturday mornings

Notes:

3 1/2 yr. olds must be 4 by Nov. 1

Older 5 yr. olds can select Coach Pitch Division

Uniforms/Included Items: YMCA team baseball shirt, hat and trophy. ***Requirements:** None

Bring or mail form & Payment to the Plattsburgh YMCA—17 Oak St.

REGISTRATION

2019 Plattsburgh YMCA Baseball League

CHILD'S NAME: _____ DATE OF BIRTH: ___/___/___ SEX: _____ GRADE _____ AGE: ___ (as of Mar. 1)
 ADDRESS: _____ CITY: _____ ZIP CODE: _____
 PARENT NAME(S): _____ PHONE NUMBERS: Home: _____ Cell: _____

SHIRT SIZE: Youth Sm. (6-8) Youth Med. (10-12) Youth Lg. (14-16)
 Please check one ✓ Adult Sm. Adult Med.
**Please be sure of your shirt size (they run small)*

2nd CHILD'S NAME: _____ DATE: _____ DATE OF BIRTH: ___/___/___ SEX: _____
 AGE: ___ (as of Feb. 1st) GRADE _____

SHIRT SIZE: Youth Sm. (6-8) Youth Med. (10-12) Youth Lg. (14-16)
 Please check one ✓ Adult Sm. Adult Med.

IF YOU WOULD LIKE TO COACH OR ASSIST, CHECK ✓ HERE!

COACH

ASSIST

For more information call: 561-4290 (ask for Kris Tate)

Coach's Name: _____
 Shirt Size: _____

I hereby certify that the above named child/children is/are normal in health, capable of participating safely in the YMCA IT-Ball & Coach Pitch Baseball League. I have also read and understand the goals and objectives the program as advertised on the flier and registration form. I hereby grant permission for my child to participate in the program.

 Parent or Guardian Signature

I give permission for photographs or a likeness of my child to be taken and used for explaining/presenting the program or for future program promotion.

 Parent or Guardian Signature

Please note if there are any special considerations we should know for your child(ren) below:

Date Paid: _____
 Amt. Paid: _____
 Staff initials: _____