



Participant's Name	Boy Girl PreK4 K Birthdate		
Parent's Names	Email		
Address/City/Zip code			
Home PhoneI	Daytime/Cell		
Please List Any Medical Conditions			
The local T-Ball is a community-based yout Each family is asked to volunteer and contr		ed on the volunteer efforts	of parents/guardians.
YES, I would like to volunteer as a: COACH	I ASSISTANT COAC	H	
Volunteer Name	Home Phone	e Day P	hone
YES, I would like to volunteer as a: COACF	I ASSISTANT COAC	H	
Volunteer Name	Home Phone	e Day P	hone
I agree to assume full responsibility for any risk implicit individual, team, or group accident insurance for participate. I also give permission for any photos of participate.	pants in parks and recreation activity	ctivity or facility. The City of Glid ties. The individual mentioned ab	ove has my permission to
SignedParent/0		Date _	
Parent/C	Guardian		
Early Bird registration fee is \$20.00 per child conflict with other recreation programs. Assis	d and due by March 18 ^{th.} L tance applications available	ate registration fee of \$30.00 at the Glidden City office.	0. No refunds. May
Uniform T-shirt order Provided by: TBD Circle size	e: YS, YM, YL, YXL		
OFFICE USE: Received	Cash Check (pa	yable to City of Glidden) _	Amount \$
**************	********clip and save***	********	*****
When: The coed T-Ball program will begin M Practices are the first week of June as determin	onday, June 1st. Generally, ed by the coaches. Youth wi	the program is M-W-F in mill practice the basic basebal	onth of June at 6 pm. l/softball fundamentals of

hitting, running, throwing and fielding. Listen to KCIM for weather cancellations.

Where: T-Ball program will be played at the city softball complex on the west side of Glidden.

Required equipment supplied by the parent is a T-Ball glove. Rubber soccer cleats are allowed, but metal cleats are prohibited.

Uniform T-shirt order: provided by City of Glidden

The **Character Counts** principles will be reviewed.