



Participant's Name	Boy Girl Birthdate
Parent's Names	Email
Address/City/Zip code	
Home PhoneDaytime/C	Cell
Please List Any Medical Conditions	
The local Blast-Ball is a community-based youth spor Each family is asked to volunteer and contribute to th	ts program. It is based on the volunteer efforts of parents/guardians. e program.
YES, I would like to volunteer as a: COACHASS	SISTANT COACH
Volunteer Name	Home Phone Day Phone
YES, I would like to volunteer as a: COACHASS	
Volunteer Name	Home Phone Day Phone
Signed Parent/Guardian	Date
Signed	Date
Farenti Guardian	
Early Bird registration fee is \$20.00 per child and due to conflict with other recreation programs. Assistance appli	by March 15 ^{th.} Late registration fee of \$30.00. No refunds. May cations available at the Glidden City office.
<u>Uniform T-shirt order</u> Provided by: TBD	M, YL, YXL
OFFICE USE: ReceivedCas	hCheck (payable to City of Glidden)Amount \$
******************	clip and save*******************
When: The coed Blast-Ball program will begin Tuesday, coaches. Youth will practice the basic baseball/softball further for weather cancellations.	June 4 th Practices are in the first week of June as determined by the ndamentals of hitting, running, throwing, and fielding. Listen to KCIM
Where: Blast-Ball program will be played at the city soft	pall complex on the west side of Glidden.
Required equipment supplied by the parent is a T-Ball gloprohibited.	ve (not required). Rubber soccer cleats are allowed, but metal cleats are
Uniform T-shirt order: provided by City of Glidden	

The Character Counts principles will be reviewed.