

# T-Ball<sup>Co-Ed</sup>

**WHO** All 4-6 year olds (*Must be 4 by the April 1<sup>st</sup>*).  
(Games will be on Wednesday nights)

**WHEN** Schedules will come at a later date.

**WHERE** Elevator Park

**COST** Program cost: \$24  
Deadline: March 22nd  
Late Fee: \$30 End of registrations March 29th

Because of scheduling, finding coaches, and ordering clothes we will not accept registration forms after March 29th. Check Facebook or contact coach for cancellations. All cancellations will be made by 4:00.

Due to Health and Safety reasons we are recommend you bring your own helmet. We will still provide helmets if needed.

Sign up using New City WEBSITE: [Lakemillsiowa.gov](http://Lakemillsiowa.gov)

PLEASE RETURN THIS PORTION WITH PAYMENT TO CITY HALL OR SKYLER AHRENS, ELEMENTARY P.E. INSTRUCTOR.

## 2024 T-Ball Registration

CHILD'S NAME \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_ GIRL/BOY \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_

CAN THE COACH CONTACT YOU BY TEXT \_\_\_\_\_

VOLUNTEERS ARE NEEDED FOR THIS PROGRAM TO BE SUCCESSFUL

☐ I WOULD LIKE TO VOLUNTEER FOR THIS PROGRAM  
NO EXPERIENCE IS NECESSARY.

T-SHIRT SIZE ADULT \_\_\_\_\_

T-SHIRT SIZE YOUTH \_\_\_\_\_ ADULT \_\_\_\_\_

☐ I WOULD LIKE TO SPONSOR A T-BALL TEAM. OR KNOW OF SOMEONE  
THAT WOULD BE INTERESTED.

YOUTH WAIVER AND PHOTO/VIDEO PERMISSION: I HEREBY AUTHORIZE MY SON/DAUGHTER TO REGISTER TO PARTICIPATE IN THE ABOVE STATED PROGRAM SPONSORED BY THE CITY AND LAKE MILLS PARKS & RECREATION DEPARTMENT. I UNDERSTAND THAT THIS PROGRAM, LIKE MOST PROGRAMS SIMILAR IN NATURE, HAS SOME DEGREE OF INHERENT RISK INVOLVED. FURTHERMORE, MY SON/DAUGHTER IS IN GOOD PHYSICAL CONDITION APPROPRIATE TO PARTICIPATE IN THE STATED ACTIVITY AND I UNDERSTAND THAT THE PARTICIPANTS MUST ASSUME FULL RESPONSIBILITY FOR BODILY INJURY INCURRED WHILE TAKING PART IN THE ACTIVITY. NO ACCIDENT INSURANCE IS PROVIDED THROUGH THE CITY OF LAKE MILLS. I GRANT THE LAKE MILLS PARKS & RECREATION DEPARTMENT PERMISSION TO USE PICTURES OR VIDEOS TAKEN OF MY CHILD DURING PARTICIPATION IN PROGRAMS. I WAIVE MY RIGHT TO INSPECTION OR COMPENSATION.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

OFFICE USE ONLY \$24 CASH \_\_\_\_\_ CHECK \_\_\_\_\_