
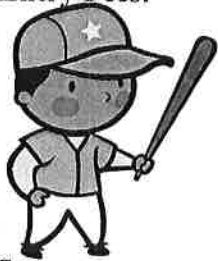


Lide White Memorial Boys & Girls Club/Family & Community Center

4, 5, & 6 Year-Old T-Ball Application

Please complete the below application form and return or mail to the *Lide White Memorial Boys & Girls Club/Family & Community Center* at 1551 M.S.H. Northgate Rd., *P.O. Box 1128, Madison, IN 47250*. Applications should be dropped off at the Club or *mailed to the above address*. If you have any questions or concerns, please call 812-265-5811. **Do not return to school!**

- Participants:** Available for all boys & girls that are 4, 5, & 6 years of age by **May 1st**. 
- Entry Fees:** \$40 for current LWB&GC members (includes T-Shirt).
 \$50 for non-LWB&GC members (includes limited membership + T-Shirt).
 \$10 additional late fee charge after May 19th, 2017. The Club will accept the 1st 210 paid applicants. Applications turned in after the first 210 applicants will be placed on a waiting list and worked into the program as spots becomes available. Applicants who cannot afford fees may apply for assistance with the Executive Director, as no child will be denied an opportunity due to financial Reasons; however, those arrangements must be made prior to May 27th.
- Season:** Runs from Monday, June 5th – Friday, July 21st, 2017. No T-Ball activities will be held during July 3rd – July 4th due to the 4th of July Holiday.
- Practices:** Practices will be offered twice per week. Practice times are listed below. Sign-ups and practice times are offered on a **1st Come/1st Serve Basis!**
- Equipment:** T-Ball participants should provide their own gloves. Bats + balls will be provided.
- Recommended Equipment:** Mouthpieces, t-shirt, shorts/baseball pants, hat, tennis shoes/cleats, & ball glove.
- General Information:** T-Ball practices are designed to teach the “fun”damentals of baseball/softball.



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4, 5, & 6 Year T-Ball Application

Name _____ Phone # _____
 Address _____ City _____ St _____ Zip _____
 School _____ Grade _____ M/F _____ D.O.B. _____ Age _____
 Email Address: _____
 Parents/Guardians Names _____ Phone # _____
 Emergency Contact _____ Phone # _____
 T-Shirt Order: ___ YS ___ YM ___ YL ___ AS ___ AM ___ AL ___ AXL ___ AXXL.
 Prioritize your practice days & times (1, 2, 3, 4):
 4 Year Olds = M/W ___ 8:00 am ___ 9:00 am ___ 4:00 pm ___ 5:00 pm ___ 6:00 pm
 5 Year Olds = M/W ___ 10:00 am ___ 11:00 am ___ 7:00 pm T/Th ___ 8:00 am ___ 4:00 pm
 6 Year Olds = T/Th ___ 9:00 am ___ 10:00 am ___ 5:00 pm ___ 6:00 pm ___ 7:00 pm

I would be interested in being an assistant coach. ___ Name _____
 I/My Company/Business would be interested in sponsoring a Team ___ \$150 ___ \$200 with Logo

As recognition of having participated in the LWB&GC T-Ball program, a memento consisting of a certificate, ribbon, and/or a medal shall be awarded to each participant that successfully completes the program. We believe that the emphasis should be on “learning & having fun” and not “a win at all cost” philosophy.

I/We, the parents/guardians of the above-named candidate for a position on the T-Ball team, we hereby give my/our approval/permission to his/her participation in this program and all related activities. I/We assume all risks and hazards incidental to my/our son’s/daughter’s participation, including transportation to and from all related activities. I/We release, absolve, indemnify, and agree to hold harmless the organizers, coaches, directors, supervisors, directors, officers, officials, and other participants, whether the results of negligence or any other cause. I also recognize that I am a member of said organization and understand completely that as a member, I may not sue myself and/or said organization.

Parents/Guardians Signature _____ Date _____