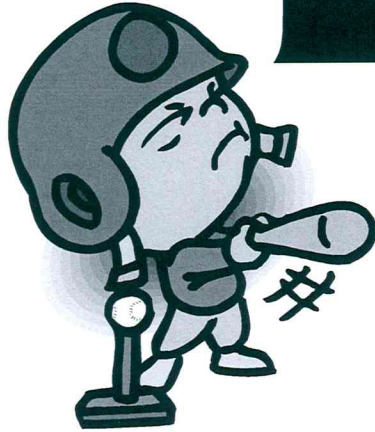


# T-Ball

Fun,  
Fundamentals  
&  
Rules of the Game  
Are Stressed



## 5 & 6 Yr Olds Birthdate Cut off -April 30

Van Wert Parks Dept

[www.vanwert.org](http://www.vanwert.org)



Batter Pitched To - a "T"  
used as alternative

## Registration Form

Players Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Age: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Shirt Size: \_\_\_\_\_ (Please note Y=youth or A=adult Size eg.YSmall)  
 Address: \_\_\_\_\_  
 Contact #: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 (Home or Cell Phone#)  
 Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 (Cell /Contact #) (Cell/Contact #)

PARENT WILLING TO COACH: \_\_\_\_\_ YES \_\_\_\_\_ NO Name: \_\_\_\_\_

### PARTICIPANT WAIVER

I recognize that because of the potential hazardous nature of this activity that an injury might be sustained. In the event of such an injury to my child, if I or my spouse cannot be contacted, I give my permission to render such treatment as would be normal and agree to pay the usual charges for such treatment. I now release the Van Wert Parks & Recreation Dept. its elected officials, employees or volunteers from all claims resulting from any an all injuries sustained while participating in T-Ball. I give my permission for my son/daughter to participate in the Van Wert Parks Dept. T-Ball Program.

Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### PICTURE RELEASE

In the event that my son/daughter's picture is taken by the Van Wert Parks Dept. I give permission for the picture to be released and used for news articles, city web site, and any other type of advertisement or promotional materials the Parks Dept. may develop.

Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Fee \$25**  
**After April 1st \$35**  
Final Deadline April 12th



Mail Form To: Van Wert Parks Dept  
515 E. Main St.  
Van Wert, OH 45891  
Drop Off At: Jubile Park Office,  
137 Gleason Ave. VW

\* If office is unattended place forms in Registration Box

