

T-Ball & Coach Pitch

T-Ball (Co-Ed)

Ages: (Age 4 up to Kindergarten)

Where: Heinz Complex

Times: Mondays (5:00-8:30)

(Tentatively Wednesdays)

Dates: May 31st – June 28th

Fee: \$25/child

Coach Pitch

Ages: (Currently in 1st or 2nd Grade)

Where: Heinz Complex

Times: Tues./Thurs. (5:30-8:30)

Dates: May 30 – June 29th

Fee: \$30/child



You can also sign up online via the URLs below

T-Ball <https://nws.nicservices.egov.com/forms/humboldt/tball>

C-Pitch <https://nws.nicservices.egov.com/forms/humboldt/coachpitch>

Registration Deadline: May 19th

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Registration Deadline: May 19th

You will be notified about teams and games by Email.

Participant: _____ Grade/Age: _____ Boy: _____ Girl: _____

Phone: _____ Parent/Guardian: _____

(Please Print Clearly) Email: _____

T-shirt size (please circle one): Youth: X-Small Small Medium Large **Adult:** Small Medium Large

VOLUNTEER COACHES ARE NEEDED!!!

Are you willing to coach? YES NO MAYBE

WAVIER FOR PARTICIPANT BY PARENT/GUARDIAN:

The undersigned, as the parent or legal guardian of _____ hereby give my consent and permission for said Participant to participate in athletic activities offered through the Humboldt Parks and Recreation Department. I further acknowledge that the Participant's physical health is adequate for the activities he/she is engaging in. As a condition of the above-named Participant participating in one or more youth athletic activities offered through Humboldt Parks and Recreation Department, the undersigned hereby acknowledges that such activities may involve the risk of injury to the Participant (and spectators), and voluntarily accept this risk for themselves and the Participant. I also certify that the Humboldt Parks and Recreation Department can use my child's likeness on their website, their Facebook page and other promotional material.

THE UNDERSIGNED, FOR THEMSELVES AND THE PARTICIPANT, HEREBY RELEASE AND HOLD HARMLESS THE CITY OF HUMBOLDT, IOWA, ITS EMPLOYEES AND AGENTS, AND ALL SPOUSES, SUPERVISORS, OFFICIALS, AND VOLUNTEERS FROM ALL CLAIMS, DAMAGES, INJURIES, OR CAUSES OF ACTION OF ANY KIND ARISING OUT OF THE PARTICIPANT'S PARTICIPATION IN ANY ATHLETIC ACTIVITY OFFERED THROUGH THE HUMBOLDT PARKS AND RECREATION DEPARTMENT.

I certify that I have read and understand the above provisions.

Parent/Guardian Signature _____

OFFICE USE ONLY Date: ___/___/'17 Amount:\$ _____ Cash/Check#: _____ Staff Initial: _____
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