

LITTLE SLUGGER T - BALL

Boys & Girls, 4 - 5 years old

REGISTER ONLINE AT WWW.SLPREC.ORG

Little Slugger Co-ed T-Ball Program 4-5 Year Olds



Registration begins January 10 - until program is full.

A great program for your young ones to meet new friends and learn about the importance of team work. Children must turn required age by June 13, 2022. Learn softball basics with emphasis on skill development, rules, sportsmanship and fun. <u>Coaches needed! - If you would like to help by coaching your child's team please email: wgoldberg@slpmn.org.</u>

Every Player gets a hat with their team jersey

Online registration will open January 10 at www.slprec.org. Mondays & Wednesdays, June 13 – July 27 (no games on Monday, July 4) Sanburnol Park (520 Sanburnol Dr.) 6:00 - 7:00pm

Fee: \$35/child (Includes t-shirt, hat & participation award)

LITTLE SLUGGER T-BALL REGISTRATION FORM				
Player Name (Please Print)	Male _	Female Non-Binary		
Address	City	Zip		
Home Phone (given to coach)	D.O.B/_	/ Age (as of 6/1/22)		
Email Address				
Parent Name	Main Phone			
Parent Name	Main Phone			
I am allowed <u>ONE</u> player request (relativ	ve or friend). They <u>MUST</u> also list me o	n their form for the request to be		
honored.				
I would like to help in the following w	ays: (Please indicate names of voluntee	ers)		
Coach	Assistant Coach			
Please note: The Spring Lake Park Recreation players, requires background checks on all in				

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WAIVER OF CLAIMS FOR DAMAGES

In consideration of your accepting this entry, I, along with my heirs, assigns, representatives, executors and administrators, hereby waive and release any and all rights, causes of action, and claims for damages I have or may in the future have against the City of Spring Lake Park and its representatives, officials, successors, and assigns for any and all injuries, including but not limited to any injury suffered as a result of my exposure to communicable diseases such as MRSA, influenza, COVID-19, or any other communicable disease, suffered by myself at the activity that I attend.

CONSENT TO RELEASE INFORMATION

By signing below I understand that my/my child's name, address, telephone number and health information will be provided to staff, volunteers, coaches, program participants, city attorney, insurer, and to any other agents deemed necessary for the purpose of implementing and administering the program. I understand that I am not legally required to disclose this information, however failure to do so will prevent my/my child's participation in this program.

Signature of Parent or Guardian		an Date	Date	
Please make checks p	payable to: Spring Lake Park Recr	reation Dept. 1301 81st Ave. NW, Spring Lake Pa	ark, 55432	
Payment enclosed: C	k Cash M.O			
		OFFICE USE ONLY		
Paid: Full	\$ (\$35)			
Family Rate	\$	League		
Other	\$	Sibling Leagues		
Check #		Sponsor Name		
Cash			<u> </u>	
Receipt #	-	(2021)		