

KITTERY RECREATION 2017



T - BALL



This program is for children ages five and six. Six year olds who have played at least one year of T-ball have the choice between T-ball or Little League, but not both.



- Who:** Children ages 5-6
- Where:** KCC, Frisbee Field
- When:** Tuesday and Thursday evenings
Starting in April
- Cost:** \$46 registration through April 22nd
\$56 non resident
\$67 registration after April 22nd
\$77 non resident

For more information or questions, please contact Kyle Cook at the Recreation Department
207-439-3800

REGISTRATION FORM ON REVERSE SIDE



Kittery Recreation

T-Ball Program 2017 - Registration Form

<input type="checkbox"/> \$46 payment and completed form / \$56 non resident prior to April 22 nd	<input type="checkbox"/> \$67 payment and completed form / \$77 non resident after April 22 nd
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IMPORTANT NOTE:

A RESPONSIBLE ADULT MUST BE PRESENT AT EVERY GAME FOR THE ENTIRE GAME.

Thank you.

ABOUT YOUR CHILD:

Name:	Age:	Date of Birth: / /
Parent:	Grade: _____	
Home phone: Work Phone:	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Parent:	Has your child ever participated in this program before?	
Home phone: Work Phone:	Best time to reach Mother:	
Street address:	Best time to reach Father:	
City State Zip	Shirt Size: <input type="checkbox"/> S/Y <input type="checkbox"/> M/Y <input type="checkbox"/> L/Y <input type="checkbox"/> XL/Y	
Please provide us with any other information that you feel would assist us with your child.	Email Address:	

This is a parent run program requiring volunteers to keep the league running. We are always appreciative of those willing to give of themselves and their time. If you are interested in participating in this excellent program please indicate your intention in the space provided below. Thank you!

COACH ASSISTANT COACH UMPIRING

VOLUNTEER'S NAME _____

WAIVER: This program or people connected with same will not be held liable for accidents or injuries. If I am unavailable, I give my permission for my child to be taken by ambulance to the hospital. I, further, release the Kittery T-Ball Program, Recreation department, Employees, Town of Kittery, Coaches and Volunteers from all liability for injuries to my child/children that may arise from participation in this program. I realize this program does not supply accident or medical insurance for my children.

My insurance carrier is _____ Policy # _____

Signed by parent _____ **dated** _____

**PLEASE RETURN THIS REGISTRATION FORM (sorry, no telephone registrations)
ALONG WITH YOUR CHECK PAYABLE TO KITTERY RECREATION DEPARTMENT TO:**

**Kittery Recreation Department
Attn: Kittery T-Ball Program
120 Rogers Road
Kittery, ME 03904**

Date Paid _____	Amount \$ _____	<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____
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