



MARION
Parks & Recreation
Indoor Blastball Camp

CHILDREN AGE 3

Blastball helps prepare players for organized baseball/softball in a fun, non-competitive environment. Children will be introduced to the fundamentals of throwing, hitting, and fielding while fostering the values of teamwork and good sportsmanship. Limited number of spots available. **VOLUNTEER COACHES NEEDED!**

Fee: \$33.00, includes child's team shirt

Days/Dates: Saturdays, February 1–29 (2020)

Location: Bowman Woods Elementary

Time(s): Times may vary on Saturday mornings

Notes: Teams are co-ed (boys & girls)

REGISTRATION DEADLINE: December 20, 2019

Sign up early, we can't guarantee there will be openings after the deadline.

A LATE FEE OF \$10.00 WILL BE ADDED FOR EACH REGISTRATION AFTER THE DEADLINE.

TEAM ASSIGNMENT POLICY (If Applicable): Children will be placed on teams in a random manner with the exception of children living in the same household. Children in the same household will be placed on the same team, providing the children are in the same age/division. **NO SPECIAL TEAM REQUESTS!**

PLEASE PRINT CLEARLY AND COMPLETE ALL FIELDS

Player's Name: _____ Gender (Circle One): Boy or Girl

D.O.B.: _____ Age: _____ Grade (Year) _____

Circle Shirt Size: YXS (2-4) YSM (6-8) YMD (10-12) YLG (14-16) AD SM AD MD AD LG AD XL

Parent's Name(s): _____ E-mail: _____

Address: _____ Phone: _____

Parent's Signature: _____ Date: _____

Signature of Parent/Guardian: I hereby authorize my child to register to participate in any of the stated programs above sponsored by the City of Marion Parks and Recreation Department. I understand that these programs, like most programs similar in nature, have some degree of inherent risk involved. Furthermore, my child is in good physical condition appropriate to participation in the above activities and I understand that the participants must assume full responsibility for bodily injury incurred while participating in the activities. No accident insurance is provided through the City of Marion. I grant the Marion Parks and Recreation Department permission to use photos and/or videos taken of my child during participation in these programs. I waive my right to inspection or compensation.

VOLUNTEER COACHING: Please complete the following information if you are interested and able to help coach your child's team.

Coach's Name: _____ Phone Number: _____ Shirt size: _____

E-mail: _____ D.O.B. (For Background Check): _____

Driver's License Number (For Background Check): _____

RETURN FORM & PAYMENT TO: Marion Parks and Recreation, 4500 Tenth Street, Marion, IA 52302

