



# Little Sluggers Blastball

## CHILDREN AGES 3 & 4

Blastball is a fast-paced game that teaches the very basic skills involved with t-ball. Players work on throwing, hitting, fielding, teamwork and sportsmanship. This program does NOT have practices. **VOLUNTEER COACHES NEEDED!**

**Fee:** \$33 per child, includes team shirt

**Days/Dates:** Thursdays, June 6-July 18

**Location:** Lowe Park

**Time(s):** 10-10:45 a.m. OR 5:30-6:15 p.m./6:30-7:15 p.m.

**Notes:** Teams are co-ed. PM class times rotate weekly with games at either 5:30 or 6:30.

### REGISTRATION DEADLINE: April 12, 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:** 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 *(2019-20)* \_\_\_\_\_

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

Circle Division: BLASTBALL—3 YEAR OLD BLASTBALL—4 YEAR OLD

Circle Time: AM: 10-10:45 a.m. (set time weekly) PM: 5:30-6:15 p.m./6:30-7:15 p.m. (PM program rotates times weekly)

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

For questions or more information please contact  
Marion Parks & Recreation at 319-447-3590