

St. Cloud Area Family YMCA

We build strong kids, strong families, strong communities

1530 Northway Drive

320-253-2664

www.scymca.org

Co-ed T-Ball & Soft Toss Baseball

Tuesdays - Westwood Elementary

Ages 3-5 Years - T-Ball

5:30-6:15 pm

Ages 5-7 Years - Soft Toss

6:30-7:30 pm

*Runs from June 8th
through July 27th*

Saturdays - Whitney Fields

Ages 3-5 Years - T-Ball

9-9:45 am

Ages 5-7 Years - Soft Toss

10-11 am

*Runs from June 5th
through July 31st*

No Practice July 3rd

YMCA Youth T-Ball & Soft Toss

focuses on three primary objectives: *Fun, Fundamentals and Character Development.*

Program values are teamwork, sportsmanship and character development of Caring, Honesty, Respect and Responsibility.

Weekly practices focus on fundamental skills and drills in a fun learning environment.

Players are asked to bring a glove.

Fees

Members \$25

Non-Members \$45

Includes a YMCA Participation Medal

Financial Assistance is available by completing the application which is available at the YMCA

If you have any questions please contact Gabe Brunick, Program Coordinator by phone at (320) 253-2664 or email at programdirector@scymca.org

Monthly Swim Lessons

Lessons are offered monthly for all ages (6 months through Adult)
Children begin my learning basic paddles which later develop into strokes and life saving skills.

Registration is also available online at www.scymca.org

Co-ed T-Ball & Soft Toss Baseball Registration 2010

Circle your Day & Time

Westwood Elementary - Tuesdays

T-Ball 5:30-6:15 pm

Soft Toss 6:30-7:30 pm

Whitney Fields - Saturdays

T-Ball 9-9:45 am

Soft Toss 10-11 am

Player Information

Participant Name

Date of Birth

School Attends

Male / Female
Gender

Family Information

Parent(s) Last Name

Parent(s) First Name

Middle Initial

E-mail

Mailing Address

City

State

Zip

Home Phone

Work Phone

Cell Phone

PARTICIPATION RELEASE

I release the St. Cloud Area Family YMCA, its coaches and officials from all claims of injury which may be sustained by above child while participating in any YMCA-sponsored activity, whether caused by the negligence of the YMCA or otherwise. If medical attention is required, I give my permission for such medical care. I also agree to follow the St. Cloud Area Family YMCA's sportsmanship standards and guidelines. By signing below, I give the YMCA permission to use photographs or videos of the above named participant in its promotional/ educational materials.

Parent/Guardian Signature

Date