



# City of Lake Geneva/YMCA YMCA Coed T-Ball

**4-6 year olds**  
**Summer 2019**

REGISTRATION FEE	
Lake Geneva Resident	\$20
Non Resident	\$35
Must be registered by May 12 After May 12—\$5 Late Fee	

Participant's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone # \_\_\_\_\_ Parent Email: \_\_\_\_\_

\*\*\* (Needed so you can be contacted by your coach or YMCA) \*\*\*

Age of participant as of May 1<sup>st</sup> 2019: \_\_\_\_\_ Circle one: Male or Female

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Shirt Size: YS YM YL

**Volunteers are crucial for this program's success! Please indicate if you are interested in coaching. All coaches are required to fill out a volunteer form for a background check that is available at: [www.genevalakesymca.org/volunteer](http://www.genevalakesymca.org/volunteer).**

Yes, I would like to coach a team \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

### **WAIVER:**

I hereby certify that my child is in normal health and capable of safe participation in the youth sports program. I assume all risk(s) and hazards incidental to the conduct of this program and for the transportation to and from the program. I hereby authorize the YMCA to obtain medical treatment for my child in the event that parent(s) and emergency contact cannot be reached. ***The YMCA is not responsible for any medical costs that result from participating in this sports program.***

**SIGNATURE OF PARENT OR GUARDIAN:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **CONCUSSION AGREEMENT:**

I \_\_\_\_\_ have **read** the Parent Concussion and Head Injury Information and **understand** what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected. I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me. I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach. I understand the possible consequences of my child returning to practice/play too soon.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**MARK YOUR CALENDARS! T-Ball Starts Tuesday June 4 – July 11  
Times are 5:30 – 6:30 pm Tuesday and Thursday at Veterans Park,  
Lake Geneva!!!**