



LITTLE SLUGGER T - BALL

Boys & Girls, 4 years old

Little Slugger Co-ed T-Ball Program 4 Year Olds

Registration begins January 11 – until program is full.

A great program for your young ones to meet new friends and learn about the importance of team work. Children must turn required age by June 14, 2021. Learn softball basics with emphasis on skill development, rules, sportsmanship and fun. Coaches needed! - If you would like to help by coaching your child's team please email: wgoldberg@slpmn.org.

Every Player gets a hat with their team jersey

Online registration will open January 11 at www.slprec.org.
Mondays & Wednesdays, June 14 – July 28 (no games on Monday, July 5)
Sanburnol Park (520 Sanburnol Dr.)
6:00 - 7:00pm
Fee: \$35/child (Includes t-shirt, hat & participation award)



LITTLE SLUGGER T-BALL REGISTRATION FORM

Player Name (Please Print) _____ Male ___ Female ___ Other ___

Address _____ City _____ Zip _____

Home Phone (given to coach) _____ D.O.B. _____ Age (as of 6/1/20) _____

Email Address _____

Parent Name _____ Work Phone _____

Parent Name _____ Work Phone _____

I am allowed **ONE** player request (relative or friend). They **MUST** also list me on their form for the request to be honored. _____

I would like to help in the following ways: (Please indicate names of volunteers)

Coach _____ Assistant Coach _____

Shirt Size

Youth XSmall

Youth Large

Youth Small

Youth XLarge

Youth Medium

Please note: The Spring Lake Park Recreation Department, in order to provide the safest and most secure environment for all players, requires background checks on all individuals volunteering for a coach or assistant coach position.

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WAIVER OF CLAIMS FOR DAMAGES

In consideration of your accepting this entry, I hereby, for myself, my heirs, executors, and administrators, waive and release any and all rights, and claims for damages I may have against the Spring Lake Park School District #16 School Board, and the City of Spring Lake Park and its representatives, successors and assigns for any and all injuries suffered by me or my child at any athletic event or event sponsored by these groups.

CONSENT TO RELEASE INFORMATION

By signing below I understand that my/my child's name, address, telephone number and health information will be provided to staff, volunteers, coaches, program participants, city attorney, insurer, and to any other agents deemed necessary for the purpose of implementing and administering the program. I understand that I am not legally required to disclose this information, however failure to do so will prevent my/my child's participation in this program.

Signature of Parent or Guardian

Date

Please make checks payable to: Spring Lake Park Recreation Dept. 1301 81st Ave. NW, Spring Lake Park, 55432

Payment enclosed: Ck _____ Cash _____ M.O. _____

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BELOW FOR OFFICE USE ONLY

Paid: Full \$ (\$35)

Family Rate \$ _____

Other \$ _____

Check # _____

Cash _____

Receipt # _____

League _____

Sibling Leagues _____

Sponsor Name _____

(2020)