

PLAYERS

Girls & Boys, ages 5 & 6

DATES & TIME

Mondays, April 29 to June 3 (no session on May 27) 4 to 5:30 p.m.

ENROLLMENT

25 children per session

COST

\$80 (coaches' kids play free)

LOCATION

Homestake Peak School

HOW TO REGISTER

Send form below OR online at vailrec.com by April 19 (or full capacity)

Introduce your kids to America's national pastime through our four-week T-ball program. This program introduces kids to the basics of baseball including throwing, hitting, fielding, running the bases and learning the rules of the game, while focusing on sportsmanship and teamwork. Each session will conclude with a short game.

Volunteer coaching is a great way to relive the glory days of backyard ball and share this great game with Vail Valley youngsters! Parents who coach will receive free T-ball registration for their child.

Cancellations must be received two weeks prior to the start of program and are subject to a \$10 cancellation fee.

To register, go to **vailrec.com** OR fill out this form and mail, fax or email with payment to: **VRD SPORTS** 700 South Frontage Road East, Vail, Colorado 81657 Fax: 970-479-2281 | Email: sports@vailrec.com

Child's Name
☐ Male ☐ Female Date of Birth
Mailing Address
City, State, Zip
chool Grade
are you interested in coaching? (Coaches' kids play for free!) \square Yes $\ \square$ No
Coach's Name Phone
-Shirt Size: YOUTH: ☐ Small ☐ Medium ☐ Large ADULT: ☐ Small ☐ Medium ☐ Large
re you interested in coaching? Coaches' kids play for free! ☐ Yes ☐ No re you interested in sponsoring a team (\$100)? ☐ Yes ☐ No











Any physical conditions or allergies the coach should know about?

Guardian #1 Name_		
		Cell/Work Phone
Guardian #1 Email_		
Guardian #2 Name_		
Guardian #2 Phone	Home	Cell/Work Phone
Guardian #2 Email_		
mergency Contact		
		Cell/Work Phone

Agreement to Waive Legal Rights: In consideration of being permitted to take part in the activity set forth herein, I expressly agree as follows: I hereby acknowledge the activity set forth herein contains dangers and risks and may result in injury to the participant. I hereby assume all risks of personal injury or death and property damage from any causes whatsoever arising while my child or I are participating in such activity. I or my child am in good health and physically able to participate in said activity. I give permission for my child to ride on the Town of Vail buses, in any VRD vehicle and on Eagle County School District buses. I agree to waive and release the Vail Recreation District and their officers, employees, agents, servants, and all representatives and sponsors from any injury I or my child may sustain or any damage that may be caused to me or my child's property during said activities. In the event of injury, I authorize District personnel to contact emergency medical services and further consent to any emergency x-ray, examination, medical diagnosis or treatment and hospital care, including ambulance transport, which may be provided to me or my child under the general or special supervision and on the advice of any physician licensed to practice in the State of Colorado. I understand that I am fully responsible for any charges which may result from such services and further agree to indemnify the District, its employees and agents, from any claim, demand, suit or liability related to my or my child's transport, care or treatment, or from any charges related thereto. Participants may be photographed and such photographs may be used to publicize events.

Parent/Guardian Signature	or from any charges related thereto. Participants may be photo		
PAYMENT: Amount Received: \$ Cash Check # Charge # Security Code	Parent/Guardian Signature		
Charge # Security Code	Print Name	Date	_
Expires Security Code	PAYMENT: Amount Received: \$ \subseteq Cash	☐ Check #	
	☐ Charge #		
Cardholder	Expires	Security Code	
	Cardholder		

Billing Zip Code