

Building strong kids,

strong families,

Open to Boys & Girls: Pre-K to 4th Grade

Registration ends April 19th and
Games span from May 1st– June 19th

**PITTSFIELD FAMILY
YMCA**

YOUTH BASEBALL

292 North Street
Pittsfieldfamilyymca.org

Contact Youth Director: Eric Tyer at 413-499-7650 ext.33

Leagues: **Biddy Ball,**
Saturday
mornings

T-Ball,
Saturdays & Wednesdays

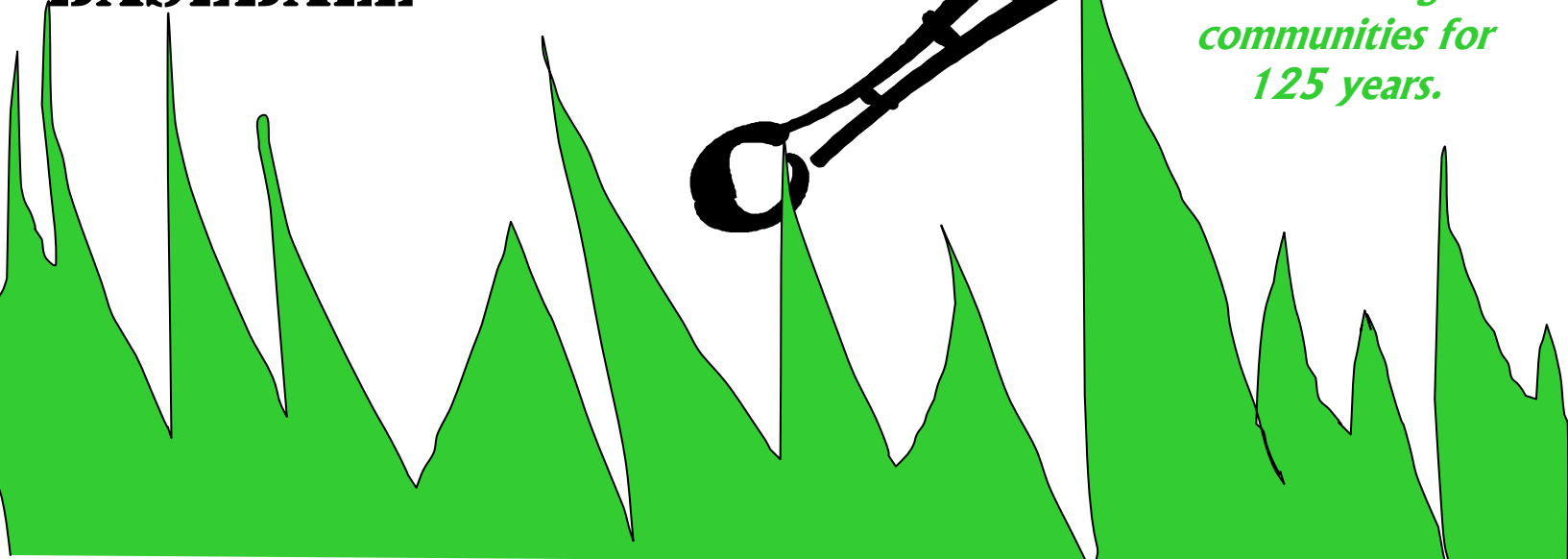
Coaches Pitch
Saturdays &
Wednesdays

This program is designed to build confidence and self-esteem for all the children in the league. Program is designed to provide alternative ways on building basic baseball skills with a positive introduction to the game. Skills children will learn include basic skills of throwing, catching, and hitting.



**Y
YOUTH
BASEBALL**

*and strong
communities for
125 years.*



PITTSFIELD FAMILY YMCA YOUTH BASEBALL



BIDDY BALL: Children ages 3 & 4

TBALL: Children in Kindergarten & 1st grade

COACHES PITCH: Children in 2nd, 3rd, and 4th grade

Registration deadline is April 19th

Fee: Members: \$35*

***All Youth Baseball players must sign up for an annual \$36 youth membership**

Fees include the uniform and trophy. All fees must be paid when registering for the league. NO EXCEPTIONS. FINANCIAL ASSISTANCE IS AVAILABLE.

Player's Last Name _____ First Name _____
 Phone _____ Email _____
 Address _____ City _____ State _____
 Age _____ Birthdate _____ Male Female Shirt Size _____ YS YM YL
 #Years Participated in Sport _____ School Attends _____ Grade _____
 Mother _____ Phone _____ Employer _____
 Father _____ Phone _____ Employer _____
 Other siblings participating? Yes No If yes, name/age _____
 Other emergency contact _____ Phone _____
 League: Biddy Ball (age 3&4) T-Ball (K-1st grade) Coach's Pitch (2nd, 3rd, 4th grades)

I certify that this child is in normal health and capable of participating in YMCA youth athletics. I do acknowledge the risk of injury is possible. I grant permission for my child to play and in doing so I hereby release any and all rights and claims for injuries and damages I may have against the Pittsfield Family YMCA, their Board, Managers, Employees, Officials, Volunteers, and Coaches. If medical attention is required, I give my permission for such medical care when either I or the emergency contact person cannot be notified. I understand that the Pittsfield Family YMCA does not carry accident insurance on participants.

I agree that the YMCA may photo or videotape my child and use it for their promotion. _____ parent's initials

Parents are responsible for providing transportation for their child to and from practice sessions and games.

Name of insurance company _____ Insurance Policy Number _____

If your child has an allergies, asthmatic conditions, or hindrances that may affect their ability please let us know _____

IN WITNESS WHEREOF, I have executed this Registration Wavier/Release and Medical Certification form with full knowledge of its contents on

Date _____

Parent/ Guardian Signature _____

Print Parent/Guardian Name _____

★ VOLUNTEERS NEEDED! ★

We hope that you will be willing to volunteer in support of this sports program. Check 1 or more of the areas you will participate in:

- Coach Assistant Coach Referee/ Umpire

FOR OFFICE USE ONLY

Date registered _____

Registered by _____

Amt. Paid \$ _____

Receipt # _____