

LITTLE SLUGGER T - BALL

Boys & Girls, 4 - 5 years old

REGISTER ONLINE AT WWW.SLPREC.ORG

Little Slugger Co-ed T-Ball Program 4-5 Year Olds



Registration begins January 10 – 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 13, 2022. Learn softball basics with emphasis on skill development, rules, sportsmanship and fun. <u>Coaches needed! - If you would like to help by coaching your child's team please email: wgoldberg@slpmn.org.</u>

Every Player gets a hat with their team jersey

Online registration will open January 10 at www.slprec.org. Mondays & Wednesdays, June 13 – July 27 (no games on Monday, July 4) 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 _	Non-Binary		
Address	City			_Zip		
Home Phone (given to coach)	D.O.B	/	_/ Age	e (as of 6/1/22)		
Email Address						
Parent Name	Main Phone					
Parent Name	_Main Phone					
I am allowed <u>ONE</u> player request (relative or friend). They <u>MUST</u> 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					
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.						

LITTLE SLUGGER T - BALL

Boys & Girls, 4-5 years old

LITTLE SLUGGER T-BALL REGISTRATION FORM

WAIVER OF CLAIMS FOR DAMAGES

In consideration of your accepting this entry, I, along with my heirs, assigns, representatives, executors and administrators, hereby waive and release any and all rights, causes of action, and claims for damages I have or may in the future have against the City of Spring Lake Park and its representatives, officials, successors, and assigns for any and all injuries, including but not limited to any injury suffered as a result of my exposure to communicable diseases such as MRSA, influenza, COVID-19, or any other communicable disease, suffered by myself at the activity that I attend.

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.

Sig	Date			
Please make checks p	bayable to: S	Spring Lake Park Recr	eation Dept. 1301 81st Ave. NW	/, Spring Lake Park, 55432
Payment enclosed: C	k(Cash M.O		
		BELOW FOR	OFFICE USE ONLY	
Paid: Full	\$	(\$35)		
Family Rate	\$		League	
Other	\$		Sibling Leagues	
Check #			Sponsor Name	
Cash			-	
Receipt #			(2021)	