

"The Minors" Coed T-Ball

FRIDAY MORNINGS, JULY 9 TO AUG. 6
AT EDWARDS FIELD
8:00AM OR 9:15AM



This coed program is an instructional T-Ball program for boys and girls ages 5 & 6, as of Oct. 15, 2010.

The program focuses on learning fundamental skills and having fun in a low-key, non-competitive setting. An enthusiastic and knowledgeable staff of coaches will teach the fundamentals of catching, fielding, hitting and throwing. Players are introduced to baseball rules and game situations. Participants need to bring their own glove. The program utilizes RIF (Reduced Injury Factor) baseballs, batting tees and other modified equipment.

The program will be held on Fridays at 8:00am or 9:15am. Participants will be placed on teams and the last two weeks they will play games. Participants may select one of these two sessions. Each session will be limited to 40 players. All players will receive a shirt and hat. Registration fee is \$30.00. **Please provide a copy of the child's birth certificate when registering.** Registrations are accepted at the Brunswick Recreation Center, 30 Federal St. For more information call 725-6656. Visit us online at www.brunswickme.org/parkrec to see our current programs, obtain registration forms and see our refund policy.

The Parks and Recreation Department encourages individuals with disabilities to register for this program. Should you desire further information, contact the Recreation Department at 725-6656.

✂**Detach & return with fee to the Recreation Center**, 30 Federal St., by **July 6**. Office hours Mon.-Fri., 8:00 a.m. to 4:30 p.m. ✂
BRUNSWICK PARKS & RECREATION DEPT. *Brunswick Residents Only*
"THE MINORS" COED T-BALL 2010 FEE: \$30.00

Please Print

NAME _____
STREET ADDRESS _____
TOWN _____ ZIP _____ MALE FEMALE
TOWN OF RESIDENCE _____ SCHOOL _____ GRADE, Fall 2010 _____
HOME PHONE _____ WORK PHONE _____
AGE, as of 10/15/10 _____ DATE OF BIRTH _____
CELL/PAGER _____ EMAIL _____
EMERGENCY PERSON (other than parent): _____ RELATIONSHIP _____
DAY PHONE _____ CELL/PAGER _____
*ALLERGIES/PHYSICAL or EMOTIONAL LIMITATIONS _____



For Office Use	
Date	_____
Amt\$	_____
Rec.#	_____
Birth Certificate	<input type="checkbox"/>
Computer	<input type="checkbox"/>

*WOULD YOU LIKE TO BE CONTACTED BY OUR THERAPEUTIC RECREATION COORDINATOR REGARDING THE ABOVE? YES NO

Please check (✓) preferred time: **Fridays, July 9 to Aug 6 (5 weeks) @ Edwards Field**
(121053-C1)

8:00 – 9:00 a.m.

(121053-C2)

9:15 – 10:15 a.m.

I give permission for my, above named, child to participate in "The Minors" Coed TBall program.

Signature of Parent/Guardian _____ Date _____

PARENT/GUARDIAN NAME (S) Please Print _____