



City of Akron
Northwest Family Recreation Center

T-BALL INFORMATION FOR 2009 SEASON

Registration begins on Monday, April 13 and ends on
Friday, May 29, 2009

AGE OF PLAYERS:

All 5, 6, and 7 year olds as of September 30, 2009 will be permitted to register. All players will be assigned to a team. Participants will be instructed on the basic skills of T-Ball and will play every game.

COST:

The \$30.00 (\$35.00 non Akron residents) registration fee will be collected in full at the time of registration. Each player will receive a team hat, t-shirt and a trophy. The individual may purchase photos on picture night. All late registrations will be charged a \$5.00 late fee, and will be placed on teams with openings. Returning players from the 2008 season will try to be placed on their previous year's team with new players then being added. All players must provide their own baseball glove.

REGISTER AT:

(or mail registration and check to)

Northwest Family Recreation Center

1730 Shatto Ave.
Akron, OH 44313
(330) 375-2849

Monday – Thursday
9:00 a.m. – 9:00 p.m.
Friday 9:00 a.m. – 5:00 p.m.

(Please make checks payable to Northwest Family Recreation Center)

PARENTS:

Volunteers are needed for coaching teams. Children of head coaches will have their registration fees waved. There will be a mandatory coaches clinic before practices begin. Team rosters and equipment will be distributed at that time.

Practices will begin the week of Monday, June 22. Games will begin the week of Monday, July 13 and will end Thursday, August 6. Uniform/Picture Day will be one week before the games begin.

(Refunds will not be given after the second week of the program.)

Persons with disabilities needing assistance are asked to contact Billy Soule, Office of the ADA Coordinator, at (330) 375-2189 or (330) 375-2345 (TDD) at least seven (7) days in advance.

Office Use Only

Team Assigned: _____



Office Use Only

Date: _____
Amount: _____
Check #: _____

CITY OF AKRON 2009

T-BALL REGISTRATION FORM

Complete and return with check or money order in the proper amount
(Akron residents: \$30, non-residents: \$35) payable to Northwest Family Recreation Center

Participant's Name: _____ Age: _____
Birth Date: _____ Male: _____ Female: _____
Address: _____ City: _____ Zip Code: _____
Home Telephone: _____ Cell Telephone: _____
E-Mail Address: _____
School: _____ Previous Team (2008): _____

You may choose one other participant to be on the same team. That participant must also have your Child's name on his/her form (Siblings are automatically placed on the same team).

Name of friend: _____

Monday/Wednesday: _____ Tuesday/Thursday: _____ No Preference: _____

T-Shirt Size (circle one) Small: (6-8) Medium: (10-12) Large: (14-16)

Volunteers needed! (please mark choice) No experience necessary

Head Coach: _____ Assistant Coach: _____ Team Helper: _____

A mandatory coaches meeting is scheduled for Tuesday, June 16, 6:00 pm at 220 Balch St

Name: _____ Telephone Number: _____ Cell Telephone: _____

I hereby give my child/ward permission to participate in the City of Akron Program. I understand that this program has certain risks and could result in injury to my child/ward. I agree to hold harmless and free from liability the City of Akron, as well as their agents, employees and sponsors for any injuries which may occur to my child/ward as a result of participation in this program. I understand and agree that my child/ward must follow the instruction given by the instructor and he/she must follow the rules and regulations of the City of Akron and the instructors. I hereby confirm my child's/ward's physical fitness and ability to participate in this program. Permission is granted to use photographs of my child/ward for promotional material published by and for the City of Akron Recreational Bureau. I understand that my child/ward must be able to speak and understand the English language. I also understand that there will be a \$25.00 charge on checks written with non-sufficient funds.

Signed (parent/guardian): _____ Date: _____