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NIXA PARKS AND RECREATION 2010 SUMMER T-BALL, BASEBALL & SOFTBALL RECREATIONAL LEAGUES



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REGISTRATION: MUST REGISTER BY APRIL 14TH (BY PHONE, MAIL, OR IN PERSON AT THE CENTER)

SEASON DATES: MAY 10TH–JULY 17TH (PENDING WEATHER)

COACHES MEETING: APRIL 20TH AT 7:30PM AT THE CENTER
COACHES WILL BE CALLED PRIOR TO MEETING

DIVISIONS: T-BALL (AGE 5 AND/OR IN KINDERGARTEN)
1ST–2ND GRADES BOYS / GIRLS
3RD–4TH GRADES BOYS / GIRLS

REGISTRATION FEE: NIXA RESIDENTS \$37.50 NON-RESIDENTS \$45.00



Youth Rec. Summer Baseball/ Softball

Name _____ Current Grade _____ Age _____ D.O.B _____ Gender M _____ F _____
 Address _____ City _____ Zip Code _____
 Home Phone # _____ Alt. Phone # _____
 Parent / Guardian Name _____

Please Print

Circle One: Divisions: T-ball 1st– 2nd 3rd– 4th
 Circle One: Shirt Size: YS (6-8) YM (10-12) YL (14-16) AS AM AL AXL

**We need parents to Head Coach the teams in order to provide this program.
 If you are willing to be the Head Coach please print your name.**

Name _____ Phone# _____
 E-mail Address _____

Would you like to sponsor a team? _____ Sponsor fee is \$150.

If yes, sponsors name and # _____

NIXA PARKS AND RECREATION HOLD HARMLESS POLICY
 WAIVER AND RELEASE OF ALL CLAIMS

I recognize and acknowledge that there are certain risks of physical injury to participants in this program and I voluntarily agree to assume the full risk of any and all injuries, damages, or loss, regardless of severity that my minor child/ward or I may sustain as a result of participating (including transportation, when provided). I further agree to waive and relinquish all claims I or my child/ward may be entitled to as a result of participating in this program against the City of Nixa, including officials, agents, volunteers and/or employees of the said parties. I agree to the unreserved use of my child's name and/or likeness (including photographs, videotapes and other depictions) for publicizing Nixa Parks and Recreation programs and events. I have read and fully understand the above information.

Signature _____ Date _____

Participant or parent/guardian if participant is under 18

For Office Only

Payment _____ Date _____ Rec'd _____