



# COACHES PITCH MICRO T-BALL 5 & 6 YEAR OLDS

**DATES:** Tuesdays & Thursdays  
**CLINICS:** June 3 & June 5  
**GAMES:** June 10 – July 3  
**TIMES:** Clinics: 5, 6 or 7pm  
 Games: 6 or 7pm TBA  
**WHERE:** Cornerstone Elementary  
**CONTACT:** Ashley Brillhart  
**FEES:** \$40 Resident/ \$45 Non-Res

## VOLUNTEERS NEEDED

NAME \_\_\_\_\_

PHONE \_\_\_\_\_

I am available to assist during my child's games. Assistance includes: where to throw the ball, setting ball on T, bench organizer/batting order, where to run, etc.  
**NO EXPERIENCE NEEDED**

### Refund Policy

1. The Wooster Parks & Recreation Department reserves the right to cancel any class/program which does not meet the minimum required participation. Full refunds will be given in such an instance.
2. NO refunds once class has begun. The only exception is an injury which prohibits participation in the class or program. A doctor's excuse is necessary for this type of cancellation, and the refund is subject to proration.

### COACHES PITCH MICRO T-BALL CLINIC

- 5:00 (3810.201)  
 6:00 (3810.202)  
 7:00 (3810.203)

#### FEE

Resident: \$40.00  
 Non-Resident \$45.00

## MAKE CHECKS PAYABLE TO: CITY OF WOOSTER

Mail or bring to :  
 Wooster Parks & Recreation Department  
 241 S. Bever St.  
 Wooster, Ohio 44691  
 (If mailing, no confirmation will be sent. You will be notified if the class has filled or if there is a change).

### OFFICE USE ONLY

DATE: \_\_\_\_\_

CK #: \_\_\_\_\_

REC #: \_\_\_\_\_

### PARTICIPANT INFORMATION

Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Parent's Business Phone \_\_\_\_\_ Gender: M or F

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_

Shirt Size: YS YM YL AS

Do you live within the City of Wooster Corporation limits? Y\* or N

If no, does an adult family member, living in your household, work within the City of Wooster Corporation limits? Y\* or N

\*If yes, where \_\_\_\_\_ Business Phone # \_\_\_\_\_

(If you live or an adult family member works within the corporation limits of the City of Wooster, you are eligible for Resident fees)

I, \_\_\_\_\_, the parent of \_\_\_\_\_, a voluntary participant in this program sponsored by the City of Wooster Parks and Recreation Department, am aware that there are certain risks of injury involved in any sport or recreational activity. Bearing this in mind, and with full knowledge of the physical capabilities or limitations of my child, I hereby agree to assume for my child such risk of injury. I further agree to indemnify and hold harmless the City of Wooster, the Wooster City Schools, their administrators, employees or agents against any claim for injury to persons or property which may result from my child's participation in this activity. Finally, I agree that my child shall abide by the rules and supervision of the Parks and Recreation Department.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_