



Fort Walton Family YMCA

1127 Hospital Road FWB, FL 32547 • 850-863-9622 • Fax 850-862-7905

Mini-Me Tee-Ball

Ages 3-4



All participants must be age 3 before March 1

COST: Members \$36 • Nonmembers \$48

Practice begins after teams are announced in June

Games are played on Tuesday & Thursday evenings at the YMCA.

The season runs through mid July

Learn the Fundamentals of the Game • Character Development • While Having Fun!!

Contact:
Glen Coffee for info.
1-850-863-9622
gcoffee@ecymca.org

Player Name:		Male:	Female:	Age:	DOB:
Street Address:		City:		State:	Zip:
Parent/Guardian Name:			Email:		
Home Phone:		Business Phone:		Other:	
Emergency Contact:			Phone / Other:		
Shirt Size <u>Circle One</u>	Youth X Small (2-4)	Youth Small (6-8)	Youth Medium (10-12)	Youth Large (14-16)	
	Adult Small	Adult Medium	Adult Large	Adult XL	Adult XXL
YMCA Member <input type="checkbox"/> Yes <input type="checkbox"/> No	I would like to participate as a volunteer in one of the following capacities: <input type="checkbox"/> Coach <input type="checkbox"/> Assistant Coach <input type="checkbox"/> Umpire/Referee <input type="checkbox"/> Sponsor a Team				

"I, the parent/guardian of a participant under the age of 18, authorize my child to participate in a YMCA program located at a branch of the YMCA of Florida's Emerald Coast, Inc. In choosing to allow my child to participate in the YMCA programs, including the use of its facilities, equipment and machinery, I do hereby waive, release, and forever discharge the YMCA of Florida's Emerald Coast, Inc. and all its branches/locations, and all its officers, agents, employees, representatives, executors, contracted personal trainers, and all others from any and all responsibilities or liability from injuries or damages resulting from my child's participation. I understand that there are risks with any type of program or activity, and have consulted with my child's physician before enrolling him/her into this program. I hereby certify that my child is in normal health and capable of participating in a YMCA program/activity.

If emergency medical care is deemed necessary, and I cannot be contacted, I authorize the YMCA staff to act on my behalf in granting permission for my child to receive emergency treatment or surgery. In such a situation, I authorize medical personnel to perform the emergency procedures required. In the case of minor injuries, our YMCA Staff are trained in basic first aid. I give permission to the YMCA Staff to utilize normal first aid procedures if my child requires it.

I have read and accept the information in its entirety and agree as the parent/guardian of the program participant to grant permission for the child to participate in the program/activities provided by the YMCA of Florida's Emerald Coast, Inc./Waiver Form.

I also grant the YMCA permission for photographs or video of myself or my child participating in any YMCA program/activity to be used by the YMCA association, whether locally or nationally, to help promote YMCA programs/activities."

Signature: _____ Date: _____

Office Use Only:

Date Pd: _____
Amt: _____
Receipt: _____

**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Shirts, Caps and Medals Provided