



Boulder City Parks & Recreation Department  
900 Arizona St. 293-9256

# YOUTH Baseball & Softball

Fee: \$37 T-Ball, Coach Pitch, Softball, and \$50 for boy's baseball  
Please register players at the recreation center prior to the clinics.  
Players only need to attend one of the two clinics scheduled.

Players need to be registered no later than Friday, April 4<sup>th</sup>, 2011 or they will be placed on a waiting list.  
Note: Teams will be filled to maximum and very few late sign-ups will be accommodated.

Players are assigned to teams by the Recreation Department. Individual coaches do not assemble their own teams or recruit players.



**Rating Clinics for T-Ball, Coach Pitch,  
Baseball and Softball**

Players must attend one of the rating clinics listed below

Monday or Tuesday / April 11<sup>th</sup> or 12<sup>th</sup>  
Kindergarten - Co-ed T-BALL @ 6PM PRATTE Field  
Grades 1<sup>st</sup>&2<sup>nd</sup>- Co-ed Coach Pitch @ 7PM PRATTE Field

Wednesday or Thursday / April 13<sup>th</sup> or 14<sup>th</sup>  
Grades 3<sup>rd</sup>- 6<sup>th</sup>- Girls Softball @ 6PM Hemenway Field  
Grades 3<sup>rd</sup>- 6<sup>th</sup>- Boys Baseball @ 7PM Hemenway Field

Coaches are needed, if interested please contact 293-9256!

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Name	phone	grade
Address	birthdate	age

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RELEASE OF LIABILITY - ACTIVITY (circle one)      T-Ball      Coach-Pitch      Baseball      Softball

I, the undersigned, as a participant or parent/guardian of the participant in the above named activity sponsored by the Boulder City Parks and Recreation Department, do understand that, in consideration of the Parks and Recreation Department, I do release them, their officers, agents or employees from all liability demands or claims for loss, damage or injury resulting from participating in the above mentioned activity, as there is no insurance provided. I recognize and understand that the above described activities require that I be in good health. I warrant and declare that the participant is in good health. If the participant is a minor, I also give my consent for his/her participation in the above activities, and for any necessary emergency medical treatment.

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Signature (if minor: Parent or Guardian) Date