



St. Anselm 2016 Summer Baseball T-ball and Coach Pitch Registration

T-ball - 5:30-6:30pm (ages 4-6) Coach Pitch - 6:45-8:00pm (ages 7-9)

Family Name: _____ Mother: _____ Father: _____

Current Parish: _____ Home Phone: _____

Address: _____ City: _____ Zip: _____

Mom Cell: _____ Mom Email: _____

Dad Cell: _____ Dad Email: _____

Player Information:

Name: _____ Boy Girl Birthdate _____ Age _____ Grade _____
Fall 2016

T-Ball Coach Pitch Tee Size: **Youth** S M L **Adult** S M L

Name: _____ Boy Girl Birthdate _____ Age _____ Grade _____
Fall 2016

T-Ball Coach Pitch Tee Size: **Youth** S M L **Adult** S M L

Name: _____ Boy Girl Birthdate _____ Age _____ Grade _____
Fall 2016

T-Ball Coach Pitch Tee Size: **Youth** S M L **Adult** S M L

Coach/Player Team Preference: _____

We will make every effort to place players with friends, however, only siblings are guaranteed team preference. Teams must be assembled as fair as possible for competitive games. Registration ends June 2nd. Late registrations will be added where there are openings. Specific team placement will not be guaranteed.

*****THE SEASON BEGINS JUNE 14TH AND ENDS JULY 21ST, WITH JULY 3RD - JULY 9TH OFF*****

Snacks: A sign up sheet will be passed around during the first week

To be announced: Pictures and a dinner/award ceremony

Volunteers: If you can donate your time during the season, please sign up on the preferred space.

Head Coach: _____ Asst.Coach: _____

Registration fees: NO REFUNDS AFTER JUNE 2ND. PLEASE MAKE CHECKS PAYABLE TO: ST. ANSELM

Parishioner: 1 child \$45.00 / 2 children \$70.00 / 3 children \$95.00 / 4 children \$120.00

Non Parishioner: 1 child \$55.00 / 2 children \$90.00 / 3 children \$125.00 / 4 children \$160.00

Permission: My son/daughter has my permission to participate in the St. Anselm summer baseball program. Neither St. Anselm nor any other representative of the program will be held liable for injury or loss of property resulting from my child's participation in this program.

Signature of Parent/Guardian: _____ Date: _____

OFFICE USE ONLY

Amount paid: _____ Cash _____ Check# _____