

**Portland Recreation Department  
4 & 5 Year Old T-Ball  
Summer 2009**



# Parents:

It is your responsibility to transport your child to and from each game and practice.

The Recreation Department will be responsible for setting up all teams and game times and once coaches have been established it will be up to the coach to set practice times.

This form must be filled out, signed and returned with your entry fee **NO LATER THAN 5:00 p.m. on Wednesday, May 12, 2010.** Late arrivals **WILL NOT PARTICIPATE.** Send forms and checks to: Recreation Department, 259 Kent Street, Portland, Michigan 48875 or return to the Portland City Hall.

**Volunteer coaches are needed for this program.** If anyone is interested in coaching please indicate so on this registration form.

If you have any questions or comments about this program please contact Neil at the Recreation Office at 517.647.3207.



Each team will play two games a week for 3 weeks, giving them a total of 6 games. The games will be played on **Monday, Tuesday, Wednesday and Thursday evenings, beginning the week of July 5<sup>th</sup>.**

Resident of the City of Portland & Portland Township.....\$15.00  
 Resident of all other Townships in the Portland Public School District....\$20.00  
 Residents who live outside the Portland School District.....\$25.00

The registration fee includes a team shirt

**4 & 5 Year Old T-Ball  
Registration Form Summer 2010**

Name \_\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_ Birth date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City & Zip Code \_\_\_\_\_

Email (city rec. use only) \_\_\_\_\_



I live in the City: Yes or No I live in the Township of \_\_\_\_\_

**I want to coach? Yes or No** If yes, name: \_\_\_\_\_

Did you play last year? Yes or No If yes, what team? \_\_\_\_\_

**Divisions (Circle One):**

**4 Year Olds** (As of May 1<sup>st</sup>, 2010)

**5 Year Olds** (As of May 1<sup>st</sup>, 2010)

I hereby for myself, my heirs, executors and administrators waive and release any and all rights and claims for damages I may have against the City of Portland, their respective agents and or any facility used for this recreation program, for any and all injuries which may be suffered by my dependents in connection with my participation in said program. I further understand that the City does not provide such insurance coverage for me.

Signature of parent or legal guardian: \_\_\_\_\_

Please print your name: \_\_\_\_\_