

# COACH PITCH BASEBALL

Spring 2009

Lake Heights Family YMCA

## COACH PITCH BASEBALL

AGES 7-10

This league is designed for 7-10 year olds and is a wonderful opportunity for your child to learn the FUNdamentals, make new friends, learn teamwork and the YMCA's mission and values. Practices are at the Lake Heights Family YMCA. Games are played on Saturdays. Volunteer coaches are needed for each team.

April 20 – June 13

Ages 7-10

Space fills quickly—register now!

7-8 Year Old	9-10 Years Old	Games
Backstop #1 Monday 5:00-6:00 PM	Backstop #2 Monday 5:00-6:00 PM	Saturday Afternoon  Games Schedules will be provided the first week of practice.
Backstop #3 Monday 5:00-6:00 PM	Backstop #2 Wednesday 6:00-7:00 PM	
Backstop #1 Wednesday 6:00-7:00 PM	Backstop #3 Wednesday 6:00-7:00 PM	

### Cost:

Program Members \$55 (+ Membership Fee)

### ADULT VOLUNTEER COACHES

Youth Sports is not possible without adult volunteer coaches. You may indicate your interest in coaching on your child's registration form. Please ensure our league's success by volunteering today! **Teams without a coach will not be eligible.**

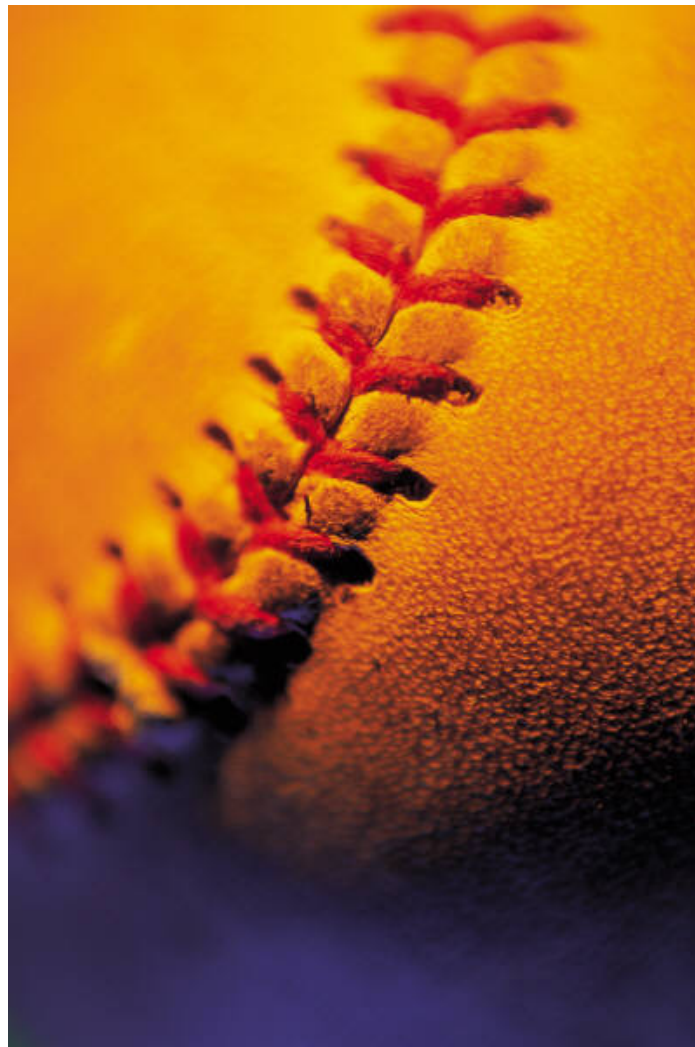
### IMPORTANT INFORMATION

- ☞ Each participant will receive a league shirt.
- ☞ Monday Practices will be held on 4/20, 4/27, 5/4, 5/11, 5/18, 6/1 and 6/8.
- ☞ Wednesday Practices 4/22, 4/29, 5/6, 5/13, 5/20, 5/27, 6/3, and 6/10.
- ☞ Saturday Games will be scheduled between in the afternoons on 4/25, 5/2, 5/9, 5/16, 5/23, 5/30, 6/6 and 6/13.

☞ \*Participants signed up for a session that does not meet the minimum enrollment will be contacted prior to the start of the league.



We build strong kids,  
strong families,  
strong communities.



## Lake Heights Family YMCA

12635 SE 56th Street  
Bellevue, WA 98006

Phone: (425) 644-8417

Fax: (425) 746-1830

Email: [vhinds@seattleyymca.org](mailto:vhinds@seattleyymca.org)

[www.lakeheightsymca.org](http://www.lakeheightsymca.org)



**YMCA Youth Sports Registration Form**  
**Coach Pitch Baseball Spring 2009**  
 Registration Deadline: Friday, April 10, 2009



Child's Name: \_\_\_\_\_ Age (as of 01/10/2009) \_\_\_\_\_ Sex: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_ Email\*: \_\_\_\_\_

\*Do you wish for this email address to be the primary email address for your family for all YMCA programs? YES NO

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

Home phone: \_\_\_\_\_ Cell phone (or emergency contact): \_\_\_\_\_

Child's Birth Date: \_\_\_\_\_ T-Shirt Size: YS YM YL

*Please make note and register for the same team as your friends!*

**Program:**



7-8 Year Old	9-10 Years Old
Backstop #1 Monday 5:00-6:00 PM	Backstop #2 Monday 5:00-6:00 PM
Backstop #3 Monday 5:00-6:00 PM	Backstop #2 Wednesday 6:00-7:00 PM
Backstop #1 Wednesday 6:00-7:00 PM	Backstop #3 Wednesday 6:00-7:00 PM

**Are you interested in volunteer coaching?** Yes No  
*(Coaching is critical for our league's success!)*

**How did you hear about our program?** \_\_\_\_\_

*1. I hereby certify that my child is in normal health and capable of full participation in youth sports programs. Recognizing that the YMCA will do its best to ensure a safe experience, I understand that there are risks and hazards inherent both from my child's participation in the program and from transportation to and from the program, and I agree to assume these risks. I hereby release the YMCA of Greater Seattle, its employees, volunteers, and agents from any and all claims for injury, illness, death, loss or damage resulting from my child's participation in this youth sports program. 2. I hereby authorize the YMCA to obtain medical treatment for my child in the event that I or the child's other parent(s) cannot be reached. I understand that the YMCA does not provide any accident or health insurance for its members and participants and I further understand that it is my responsibility to provide such coverage. 3. I support the YMCA Youth Sports Philosophy, which is based on participation, fun, physical fitness & health, skill development, teamwork, fair play, family involvement and volunteer leadership. 4. I give permission for pictures taken of my child to be used for publicity purposes.*

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**PAYMENT INFORMATION**

Do you have a current YMCA membership? \_\_\_\_\_ If not, a program membership for your child is required to participate in this program. Please see the Member Services Desk for more information.

Program Membership, if needed \$15.00 single activity or \$35.00 annual membership

Program Cost (see above): \$ \_\_\_\_\_

**Total Fees Due:** \$ \_\_\_\_\_

Payment method: Check \_\_\_\_\_ Visa\* \_\_\_\_\_ MasterCard\* \_\_\_\_\_

*\*Please provide credit card number to the Member Services Representative. Please do not write the card number on this form.*

<b>Member Services Representative:</b>	
Entered in i-series	YES NO
Payment received	YES NO
Form filed in notebook	YES NO
Initials	_____

If you cannot afford the full cost of a YMCA program or membership, please ask for a confidential scholarship application. Financial assistance, to the extent possible, is available to those in need. All funds are possible through our Annual Partners With Youth Campaign conducted each February. If you have a disability and need further assistance or information please contact the Lake Heights Family YMCA at (425) 644-8417 or our TTY line at 206-382-5346 and identify which YMCA branch you wish to contact.

**The YMCA of Greater Seattle is a charitable non-profit organization serving King and south Snohomish Counties since 1876.**

All questions, comments, and/or requests should be made to **Vicky Hinds** by email at [vhinds@seattlemca.org](mailto:vhinds@seattlemca.org) or by contacting the Lake Heights Family YMCA at (425) 644-8417.