



Youth In-House T-Ball / Coach Pitch Summer 2009



P.O. Box 101
Roberts, WI 54023
715-781-6419 or 715-781-6420
www.centralstcroixrec.com

The Central St Croix Rec youth t-ball and coach pitch programs provide participants with the opportunity to learn the fundamental of the game in a fun, positive and supportive environment. Practice times vary according to field availability. *Coaches will notify participants via phone regarding the first practice.* Participants must register according to the league description; those who misstate information may be dropped from the program. **The season runs approximately 8 weeks from end of May to the end of July. Schedules will be handed out as soon as available by the coaches. Games will be played at the Roberts and Hammond Park fields and schools.**

LEAGUE	AGE	FEE	AFTER DEADLINE
T- Ball	Youth currently enrolled in Kindergarten	\$25	\$35
Coach Pitch	Youth currently enrolled in 1 st & 2 nd grade	\$25	\$35

REGISTRATION INFORMATION

Registration sign-up night is Monday, January 26, 2009 5–6:30 P.M. in the Elementary School Lobby! If inclement weather, please mail registration with payment. Please call the CSCR hotline at 715-781-6419 or 715-781-6420 with any questions.

Bring completed registration form (front and back) and a check made out to Central St. Croix Rec or cash to sign-up night. **Late registrations are accepted on a space available basis only and will include a late fee.** If you are unable to attend sign-up night, please mail your registration form along with payment to:

Central St. Croix Rec, P.O, Box 101, Roberts, WI 54023. Registration deadline is 02/06/09.

Refund Policy : NO Refunds will be made after March 13, 2009.

Volunteer Coaches Needed!

Sports can build a great bond between a child and parent.
No experience necessary – we provide the training.

Coaches Meeting/Training --- To Be Determined





mvtech.com

Please Volunteer to Coach! Name _____

Phone Number _____

Email Address _____

_____ I will attend the coaches meeting/training located at the Roberts Park Building where I will receive team information and training for coaching the game of T-Ball/ Coach Pitch.

_____ No, I regret I cannot make it. (Please contact CSCR at 715-781-6419 or 715-781-6420 to make other arrangements, thank you)

Player and Family Information

_____ Player's Name _____ Birth date & Age _____ M or F _____ Current Grade _____

_____ Address _____ City _____ Email Address (for future program information) _____

I live in the **Village of** _____ **OR Town of** _____

_____ Parent/s Name _____ Phone Number/s _____

_____ Emergency Contact (other than parent) _____ Emergency Contact's Phone # _____ Relationship _____

6/8 10/12 14/16 18/20

S M L Adult Small

Youth Shirt Size (please circle one)

Hat Visor No Thanks

If your child would like a hat or visor please circle one

As the parent or legal guardian of a participant in Central St. Croix Rec program, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent. I have read the Parent / Player Code of Conduct and agree to abide by it.

_____ Date _____ Parent/Guardian (Please Print Name)

Initialize that Code of Conduct has been read. Parents _____

_____ Signature

Player _____