



# T-BALL CLINIC AGES 3 AND 4



Join us for our new tee-ball clinic for 3 and 4 year olds. This program is for 6 weeks. The first 2 weeks are skill clinics and the last 4 weeks are game days! The kids are split into teams by which grade school is closest to your residence. Volunteer coaches are needed to run this program. Interested in coaching contact Julian Madrid at 208-746-2313 or email [jmadrid@cityoflewiston.org](mailto:jmadrid@cityoflewiston.org). Each participant will be getting a team shirt and will have them at first game day.

**Ages: 3 and 4**

**Clinics 2 Saturday's: June 5 and 12 from 10am-11am**

**Game Days 4 Saturday's: June 19, 26, July 10, and 17**

**Game Days and Clinics: Sunset Park**

**Cost: \$40 per participant**

**Coaches Meeting: Wednesday, June 2 @ Lewiston Community Center @ 6pm**

**Sign up at the Lewiston Community Center**

**Deadline to sign up is Friday, May 21st**

Participant Name: \_\_\_\_\_ School: \_\_\_\_\_ Age: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

List any physical problems which should be noted: \_\_\_\_\_

Interested in Volunteer Coaching must be 18+ Background Check Required:  YES  NO

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## PAYMENT METHOD

**Check** Make payable to City of Lewiston  **Cash** **Total:** \_\_\_\_\_ **Receipt #:** \_\_\_\_\_

**Credit Card:**  Visa  Master  Discover **Name on Card:** \_\_\_\_\_

**Card Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_ / \_\_\_\_\_ **CVV Code:** \_\_\_\_\_

*The Lewiston Parks and Recreation DOES NOT provide medical or accident insurance coverage. The participant is responsible. If participant is a minor, parent/guardian is responsible. I/we assume all risks and hazards incidental to such participation and do hereby waive, release, absolve, indemnify, and hold harmless the Lewiston Parks and Recreation for any claim arising out of injury to myself or my/our minor child. I grant the Lewiston Parks and Recreation permission to photograph myself and/or my child/ward and use the photos in displays and promotional materials. This document shall serve as a release for me, my child/ward and our heirs. I have signed this release voluntarily, with full understanding, under perjury, under laws of the State of Idaho.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please fill out and return this form with payment to:

Lewiston Parks & Recreation • PO Box 617 mail 1424 Main Street in-person Lewiston, ID 83501

Ph.208.746.2313 • Fx.208.746.9110 • [www.cityoflewiston.org/parksandrec](http://www.cityoflewiston.org/parksandrec)