Jay Community Center

2019 Boomer Coach's Pitch/T-Ball

(Boys & Girls Ages 3, 4, 5 & 6)

WHAT:

Boomer Summer T-Ball outdoor program for boys & girls Ages 3-6 by June 1, 2019

WHEN:

Games will played on Saturday early afternoons and make ups Sunday afternoons
6/1, 6/8, 6/15, 6/22, 6/29, 7/13

WHERE:

Games will be played at the Portland Junior League Fields

Cost: $50.00

On or Before **May 12, 2019**
Non-Refundable Fee
*****Cost includes Boomer T-Ball Shirt & Hat*****

Fundraiser/Scholarship Program:

Ask JCC Staff what the current fundraiser is. Sell enough items and play for free! Financial assistance is available upon request

Picture Day:

Pictures will be taken during the 2nd game prior to the scheduled starting time
TIMES TO BE ANNOUNCED!

Draft Day - 5/15/19 (Coaches Only)

At JCC
Times TBA

Sign Up For Text Updates

Text 9kdg4 to 81010
for Boomer Tball Text Alerts

(Please cut along this line and return the lower portion to the Jay Community Center)

2019 Boomer Coach's Pitch/Tball Registration Form

Name: _____ **M/F** _____ **DOB**_____ (Date of Birth) **Age**_____ (as of 6/1/19) **Grade**_____ (2018-2019)

Address: _____ **City:** _____ **Zip:** _____

Shirt Size: YS (6-8) YM (10-12) YL (14-16) AS AM AL AXL

Parent/Guardian: _____ **Phone:** _____

Email: | | | | | | | | | | | | | | | | | | | | | | | | | |

Other Emergency Contact: _____ **Phone:** _____

PARTICIPANT RELEASE: I hereby grant permission for my child to participate in the Jay Community Center Boomer Youth Coach's Pitch/Tball Program. Further, I agree to hold harmless & release the center, directors, officials, & coaches from any & all liability related to this program. JCC reserves the right to use photographs for any promotional material.

Parent/Guardian Signature: _____ **Date:** _____

Would you or a family member or a friend like to consider coaching? YES or NO

If Yes, what is the name (and best way to contact) of Prospective Coach (Name): _____

Home Phone: _____ **Cell Phone:** _____ **Email:** _____

Shirt size for coach (please circle one): AS AM AL AXL AXXL AXXXL AXXXXL

Special Requests _____

Office Use Only:

Fee Paid (Y/N) _____ Amount Paid _____ Date _____ Charge, Check, or Cash _____ Employee _____ Receipt # _____

Registration $ _____ **Cookie $** _____ **Credit $** _____ **Balance Owed $** _____

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