**City of Chester Toddler T-Ball 2016**

**July 3 – 30, 2016**

Boys and Girls

3–5 years (must be 3 before July 3rd & must not turn 6 before the 30th.

Registration: April 4 – June 17th at 3pm Fee: $20 (includes t-shirt)

Late Registration: Fee: $25

**No registrations will be accepted after June 24th**

Mail or return registration form to:

Toddler T-Ball, 1330 Swanwick Street, Chester, Illinois 62233

General Information: on Field # 4 at the Cohen Recreation Complex

Participants will be contacted by a coach June 28th -30th.

In the event that we do not have enough participants:

Participants will receive their registration fee back.

A determination will be made June 17th.

Weather cancellations will be available on Facebook at:

Patti Carter (Chester Recreation)

For information contact Patti Carter, Recreation Director

at 618.826.1430 or at www.chesterskateland.com.

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* **Keep for your records\*\*\***\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**City of Chester Toddler T-Ball 2016**

Participant information:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: BOY GIRL

AGE: 3 4 5 4 5 Shirt Size: Youth 4/6 6/8 8/10 10/12 12/14

Additional shirts are $15 each Adult: Small Medium Large X large

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Text: YES NO

Emergency Contact Name and Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I do hereby, fully release and forever discharge the City of Chester, including their officials, agents, volunteers, employees, and sponsors from any and all claims for injuries, damages or loss that my minor child/ward or I may have, or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with this program/activity.

Signature of Parent or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name of Parent or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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



