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# WE ALL GET TO PLAY

**REGISTRATION DEADLINE JUNE 15th**

## YMCA's Baseball-Star League RED OAK SPORTS COMPLEX FIELDS

**BASEBALL-STAR LEAGUE:** A non-competitive baseball league for children between the ages of 5-18 with physical and/or developmental disabilities or other conditions that prevent them from participating in other baseball leagues. Every child bats and fields each inning, with help from a "baseball buddy" that is provided. Because of the special needs of many participants, we require that a parent, guardian, or responsible adult remain in attendance with the participant. While you are not expected to assist with play on the field, we may need to consult with you if medical or behavioral issues arise.

**VOLUNTEERS NEEDED!** The success of the program is dependent upon help from many volunteers. Baseball buddies can be individuals or whole groups. Volunteering consists of helping a child with catching, throwing, batting and rounding the bases during the game. You do not need to know baseball well or be well skilled in baseball to be a baseball buddy. You can volunteer for only one game or for multiple games.

**WHEN**  
Games will be held on Saturday, June 16 and June 30th  
@ 9:30am at the Red Oak Sports Complex.

**COACH CONTACT INFORMATION**  
Matt Davis  
712-623-2161

**REGISTRATION DETAILS**  
Registration **DEADLINE** is June 15th 2018.  
Register Online @ [MCYMCA.com/OnlineRegistration](http://MCYMCA.com/OnlineRegistration)  
Or fill out form on back and return to the Y

**COST**  
Free for ALL!

**MONTGOMERY COUNTY FAMILY YMCA**  
101 E. Cherry St, Red Oak, IA 51566  
P 712-623-2161 F 712-623-4920 [www.mcyymca.com](http://www.mcyymca.com)





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FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**



**YMCA's Baseball-Star League Registration**  
(Or Register ONLINE @ [www.mcyymca.com/OnlineRegistration](http://www.mcyymca.com/OnlineRegistration))  
**DEADLINE: Friday, June 15th**

Participant Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_ Contact # \_\_\_\_\_ Alternate # \_\_\_\_\_

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

I will volunteer Name: \_\_\_\_\_ Contact # \_\_\_\_\_

- COST:**      **FREE**    YMCA Family Membership      **Shirt Size:** YS   YM   YL   Y-XL  
**FREE**    YMCA Youth Membership  
**FREE**    Non-Member

THE UNDERSIGNED parent(s)/guardian(s) of \_\_\_\_\_, who is a child under the age of 18 years, with understanding of the potential risks of injury to the child by reason of the child's participation in the following activity: **YMCA's Baseball-Star League** does/do hereby consent to the child's participation in the activity.

The potential risks of participation include, but are not limited to, the risk of injury to the child from contact with other participants and contact with or use of equipment used in the activity.

The parent(s)/guardian(s) affirm that by signing this consent each understands that participation of the child is voluntary and that the parent(s)/guardian(s) have explained to the child that this means that the child is free at any time to stop participation in the activity.

By this consent and with the child's continued participation in the activity, the parent(s)/guardian(s) voluntarily accept the risk of injury to the child by reason of the child's participation in the activity.

THE UNDERSIGNED provide the following contact information to obtain consent to treat the child in the event of injury or illness during participation:

Name (Must be parent or guardian)	Address	Telephone No.
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**If the contact person named above cannot be reached, the undersigned give consent for supervisory staff to provide the child emergency medical care and treatment and further necessary and reasonable treatment by a licensed professional caregiver selected by supervisory staff.**

Parent/Guardian Signature	Print Name	Date
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Program Sponsors: Houghton State Bank, State Farm, Parker Hannifin and Red Oak Chrysler-Dodge-Jeep



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# BASEBALL STAR LEAGUE PARTICIPANT QUESTIONNAIRE

Please Return By: Friday, June 15th

## FIELDING ABILITY

- |  |   |
|--|---|
| <input type="checkbox"/> Can catch a hit ball    | <input type="checkbox"/> Stops ground balls |
| <input type="checkbox"/> Can catch a thrown ball | <input type="checkbox"/> Trying to learn    |
| <input type="checkbox"/> Has trouble catching    | <input type="checkbox"/> Other              |

Comments:

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## RUNNING ABILITY

- |  |  |
|--|--|
| <input type="checkbox"/> Can run without help          | <input type="checkbox"/> Walks bases with a walker |
| <input type="checkbox"/> Runs with guidance            | <input type="checkbox"/> Uses a wheelchair         |
| <input type="checkbox"/> Runs with physical assistance | <input type="checkbox"/> Other                     |

Comments:

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## HITTING ABILITY

- |   |   |
|---|---|
| <input type="checkbox"/> Hits a ball into the outfield    | <input type="checkbox"/> Can hit from a tee |
| <input type="checkbox"/> Hits a pitched ball easily       | <input type="checkbox"/> Trying to learn    |
| <input type="checkbox"/> Occasionally hits a pitched ball | <input type="checkbox"/> Other              |

Comments:

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## ADDITIONAL COMMENTS OR SPECIAL ACCOMMODATIONS REQUIRED

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