



Boys & Girls Club of Jefferson County 4, 5, & 6 Year Old T-Ball Application

Please complete the below application form and return or mail to the *Boys & Girls Club of Jefferson County* at 1551 M.S.H. Northgate Rd., P.O. Box 1128, Madison, IN 47250. Applications should be dropped off at the Club or mailed to the above address. If you have any questions or concerns, please call 812-265-5811. **Do not return to school!**

- Participants:** Available for all boys & girls that are 4, 5, & 6 years of age by **May 1st**.
- Entry Fees:** \$40 for current BGCJC members (includes T-Shirt).
\$50 for non-BGCJC members (includes limited membership + T-Shirt).
\$10 additional **late fee** charge after May 23rd, 2022. The Club will accept the 1st 210 paid applicants. Applications turned in after the first 210 applicants will be placed on a waiting list and worked into the program as spots become available. Applicants that can not afford fees may apply for assistance with the Executive Director, as no child will be denied an opportunity due to financial reasons, however, those arrangements must be made prior to May 23rd.
- Season:** Runs from Monday, June 6th – Friday, July 22th, 2022. No T-Ball activities will be held during June 27th – July 4th due to the Madison Regatta festivities & 4th Holiday.
- Practices:** Practices will be offered twice per week. Practice times are listed below. Sign-ups and practice times are offered on a **1st Come/1st Serve Basis!**
- Equipment:** T-Ball participants should provide their own gloves. Bats + balls will be provided.
- Recommended Equipment:** Mouthpieces, t-shirt, shorts/baseball pants, hat, tennis shoes/cleats, & ball glove.
- General Information:** T-Ball practices are designed to teach the “fun” fundamentals of baseball/softball.

Boys & Girls Club of Jefferson County 4, 5, & 6 Year T-Ball Application

Name _____ Phone # _____

Address _____ City _____ St _____ Zip _____

School _____ Grade _____ M/F _____ D.O.B. _____ Age _____

Email Address: _____

Parents/Guardians Names _____ Phone # _____

Emergency Contact _____ Phone # _____

T-Shirt Order: _____ YS _____ YM _____ YL _____ AS _____ AM _____ AL _____ AXL _____ AXXL.

Prioritize your practice days & times (1, 2, 3):

4 yrs = M/W _____ 8:00 am _____ 9:00 am _____ 4:00 pm _____ 5:00 pm _____ 6:00 pm

5 yrs = M/W _____ 10:00 am _____ 11:00 am _____ 7:00 pm T/Th _____ 8:00 am _____ 4:00 pm

6 yrs = T/Th _____ 9:00 am _____ 10:00 am _____ 5:00 pm _____ 6:00 pm _____ 7:00 pm

I would be interested in being an assistant coach. Name _____

I/My Company/Business would be interested in sponsoring a Team _____ \$200

As recognition of having participated in the BGCJC T-Ball program, a memento consisting of a certificate, ribbon, and/or a medal shall be awarded to each participant that successfully completes the program. We believe that the emphasis should be on “learning & having fun” and not “a win at all cost” philosophy.

I/We, the parents/guardians of the above-named candidate for a position on the T-Ball team, we hereby give my/our approval/permission to his/her participation in this program and all related activities. I/We assume all risks and hazards incidental to my/our son’s/daughter’s participation, including transportation to and from all related activities. I/We release, absolve, indemnify, and agree to hold harmless the organizers, coaches, directors, supervisors, directors, officers, officials, and other participants, whether the results of negligence or any other cause. I also recognize that I am a member of said organization and understand completely that as a member, I may not sue myself and/or said organization.

Parents/Guardians Signature _____ Date _____