

# Plymouth Family YMCA YBaseball

**YBaseball is a great way to teach children the fundamentals of baseball in a fun and recreational environment.**

## Registration Information

**Cost of programs: \$71 for Program Members / \$103 for Community Members**

**Individual Membership \$39 yearly/Family Membership \$59 yearly**

**4 & 5 year olds—Co-ed T-ball      6 & 7 year olds—Co-ed Coach pitch**

**8 & 9 —Boys Machine pitch**

Registration Deadline	June 18, 2009
Coaches Meeting	June 24, 2009 6:30 pm Plymouth Library (Storytime Rm)
Practices Begin	June 29, 2009
Games Begin	July 11, 2009
Games End	August 22, 2009

## IMPORTANT INFORMATION

- Practices are held ONCE a week and games are on Saturdays.
- Practices and games will be held at Farrand Elementary.
- All Players will play equal time throughout the season!
- Leagues are led by volunteer coaches. Please check below if you would like to help!
- Players will be contacted by phone after the Coaches Meeting.
- All players must have a YMCA Reversible Jersey (\$15). Jerseys are to be picked up at the YMCA office.
- All Coaches MUST attend the coaches meeting for rosters, schedules and rules.
- Registrations received after the deadline will be placed on hold and checked for availability. All late registrations will be charged a \$10 Late Fee.
- For more information, call 734-453-2904
- Fax registrations to 734-453-4191
- Register on-line at [www.ymcadetroit.org](http://www.ymcadetroit.org)
- Financial assistance helps ensure everyone belongs at the YMCA.



**YBASEBALL™**

We build strong kids, strong families, strong communities.

Mail Registration Form to: Plymouth Family YMCA \* 248 S. Union St \* Plymouth, MI \* 48170  
 Ages 4&5 T-Ball 6&7 CP 8&9 MP Fee: Mem \$71 / Comm \$103 + \$15 (shirt) Have Rec'd Need

Name _____		Age _____	Gender _____	I can Volunteer to: <input type="checkbox"/> Coach <input type="checkbox"/> Asst. Coach <input type="checkbox"/> Team Manager
Address _____ City, Zip _____		Birth date _____		
Email Address _____		Grade _____	School _____	
Phone _____	Alternate # _____	Parent Name _____	Parent Birth date _____	

How did you hear about us? \_\_\_\_\_ Key Fob # \_\_\_\_\_

Parent/Guardian: I hereby certify the registered participant is of normal health and capable of participating safely in any YMCA program. I hereby grant permission to participate. I agree to hold the YMCA of Metropolitan Detroit harmless should an injury occur during program participation. The YMCA has my permission to publish, for any reason, my child's picture or image taken during YMCA program participation. Furthermore, I understand that the YMCA does not stress competitive play.

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

Requests (Not Guaranteed) \_\_\_\_\_

\_\_\_\_\_ Yes, I would like to donate an additional \_\_\_\_\_ to the **YMCA Strong Kids** campaign to help children in need in our area.

Method of Payment: Visa MC Disc CK Cash

Credit Card # \_\_\_\_\_

Exp. date \_\_\_\_\_

Sec. Code \_\_\_\_\_