

Trumansburg Spring Recreation Baseball & Softball

www.tburgyouthsports.com
tburgyouthsports@gmail.com



The **Trumansburg Spring Recreation Baseball and Softball** program is for boys and girls from K through 6th Grade.

Games: Tuesdays and Thursdays at 6:30 PM starting week of May 6th and ending week of June 3rd. Pre-K games are Tuesdays only at 6PM.

Fees: \$30 per player (\$25 for families with more than one player).

Registration Deadline is Fri March 29th. Please complete the form below and turn in with payment into either Mr. Hodge at the Elementary School, Mrs. McLennan at the Middle School or mail them to the Trumansburg Village Offices C/O Spring Baseball/Softball 59 E. Main Street Trumansburg, NY 14886.

Coaches: This is a parent-coached program and we need as many coaches as we can get. We will provide detailed training materials, sample practice plans and instructions to make this easier for you. Interested in coaching? Please fill out the form below if you are interested in coaching.

Dates to Remember:

Registration	Due Friday 3/29
T-Ball Coaches Meeting	Tue 4/16 6:30 PM
Kid-Coach Pitch	
Coaches Meeting	Thu 4/18 6:30 PM
Parents Meeting	Mon 4/22 6:30 PM
Practice Starts	Week of 4/22
Games Start	Week of 5/6
Games End	Week of 6/3

Divisions and Age Groups:

Pre-K	5 year olds entering K next year
Tee Ball I	K and first time 1 st Graders (Coed Baseball)
Tee Ball II	1 st and 2 nd Grade (Coed Baseball)
Coach Pitch	3 rd and 4 th Grade (Boys Baseball and Girls Softball)
Kid Pitch	5 th and 6 th Grade (Boys Baseball and Girls Softball)

2013 Trumansburg Spring Recreation Baseball and Softball

Applications are not accepted without fee of \$30, checks payable to *Village of Trumansburg*

Players Name: _____ **Grade:** _____ **Age:** _____

Game: *T-Ball Baseball Softball* **Player Division:** *Pre-K T-Ball I T-Ball II Coach Pitch Kid Pitch*

Player T-Shirt Size: *YS(6-8) YM(10-12) YL(12-14) AS AM AL AXL AXXL*

Parents Name: _____

Address: _____

Phone: _____ **Email Address:** _____

Coaching Application

Coaches Name: _____ *Head Coach Asst Coach*

Phone: _____ **Email Address:** _____

Coach T-Shirt Size: *AS AM AL AXL AXXL*

Notice of Waiver

Having been informed of the Trumansburg Baseball/Softball League, (We/I) parents/guardians of the child named, do hereby give (my/our) consent to his/her participation in the program. (We/I) do further release, absolve, indemnify and hold harmless the organizers and supervisors, any or al of them. (We/I) do assume all risks and hazards incidental to the conduct of the program. (We/I) hereby waive all claims against organizers, sponsors, and any of the supervisors appointed by them.

Date: _____ **Parents Signature:** _____