



2024 Peosta Park and Rec T-Ball Registration Form

Player Information

Name: _____

Current Grade: _____ DOB: ____/____/____

Email: _____

Phone Number: _____

Please identify any siblings that need to be placed on the same team. No special request for friends/neighbors, etc.

Uniforms

Please provide t-shirt size. Two coaches shirts per team.

- _____ Youth 6-8
- _____ Youth 10-12
- _____ Youth 14-16
- _____ Adult Small
- _____ Adult Medium
- _____ Adult Large
- _____ Adult X-Large



T-BALL

League Fees

_____ \$30.00 T-Ball (5 & 6 Year Olds)

Season - Thursday nights from June 13th- July 25th
No games July 4th

Return forms to:
Peosta Community Centre
7896 Burds Road
Peosta, IA 52068

Make checks payable to: Peosta Community Centre
For more information: Call 563-556-8751

Additional Comments:

***Registration Deadline is
May 1, 2024 – 8 p.m. @ Peosta Community Centre**

Late Fee \$20.00

Late registrations can alter team sizes, scheduling, and the entire process of coordinating a season.

No Refunds.

Parent/Coach Information

_____ Yes, I would be happy to be a head coach for my child's team.

_____ Yes, I would be happy to be an assistant coach for my child's team.

Coach t-shirt size is..... Adult Small Adult Medium Adult Large Adult XL Adult XXL (Please circle)

Parent's Name: _____ Phone: _____

Coaches, not the Community Centre, will contact the kids on their team in regards to practices and game.

Waiver

In partial consideration for allowing myself and/or my spouse or my children to participate in a City of Peosta Parks and Recreation Program, I certify and agree as follows:

1. My spouse and I or my children are covered by health insurance in such amount as will reimburse a health provider for care as a result of injury while participating in the program.
2. I/We hereby agree to waive, release, and hold harmless the City of Peosta, Peosta Community Centre, Western Dubuque Community School District, their agents, employees, and volunteers from any and all liability arising out of my/our participating in the activity described above, including injury while playing or observing the activity, including any injury while on the premises immediately before or after the activity.
3. I/We have investigated and are satisfied that the participant registered on this form is physically able to perform the activity, or can participate with reasonable accommodation and that the facility is suitable for the activity. I/We realize it is my/our responsibility to make travel arrangements for the child to and from the facility and to provide such supervision as I/We deem appropriate both before and after the activity.
4. I/We acknowledge that in all activities there are certain risks of physical injuries and all participants do so at their own risk.
5. I/We release any photographs or videos taken during class to be used by the City of Peosta Parks and Recreation department and the Peosta Community Centre for advertisements, training, or other purposes.
6. I/We recognize that participants shall bear full responsibility for any loss or theft of personal items while participating in this program.

Individual or Parent Guardian Signature

Date

In the event that the child resides in a single parent home, or in the home of a guardian, the custodial parent or legal guardian must sign waiver.