



SCOTTSBLUFF FAMILY YMCA BIDDY T-BALL

4 Week Session: June | Ages 3 to 6

Program Dates: Tuesday Evenings at TWC, June 9-30

Registration Fee: \$55 members & \$65 non-members

Registration Deadline: Monday, May 11, 2026 ****No REGISTRATIONS ACCEPTED AFTER MAY 11****

Coaches Packet Pick-Up: Tuesday, May 26, after 5:00 PM

Team Option: ALL Players Pay Member Rate
MUST Include Coach & ALL Forms Turned In Together

Keep Top Portion



PLEASE PROVIDE ALL STARRED INFO BELOW SO WE CAN EFFECTIVELY COMMUNICATE POGRAM DETAILS. INCOMPLETE REGISTRATIONS WILL NOT BE ACCEPTED.

*Child's Name:

* Male Female

*Age:

*Date of Birth:

*Grade:

*Shirt Size: **YOUTH** XS S M L XL **ADULT** S M L XL

*Health Conditions: No Yes, please explain:

*Parent/Guardian Name:

* Male Female

*DOB:

*Email:

*Phone #:

*Address, City/State/Zip:

*Emergency Contact:

*Emergency #:

Can you or someone you know help coach? Yes No

ALL VOLUNTEER COACHES WILL RECEIVE A FREE YOUTH REGISTRATION CARD TO USE FOR A FUTURE YMCA PROGRAM.

Coach's Name:

Coach's Email:

Coach's #:

Special Requests (coach, teammates, etc.):

We welcome requests & thoughtfully review/accommodate as many as we can. However, requests are not guaranteed. Final decisions will reflect the overall needs of the program.

I understand and am aware that my child will/may be participating in physical activities and that the potential for accidents does exist. In consideration for being allowed to participate in the YMCA's program, I agree to assume the risk of such exercise and further agree to defend and hold harmless the Scottsbluff Family YMCA and its staff conducting this YMCA program from any and all claims, suits, losses, or related causes of action for damages, including (but not limited to) such claims that may result from injury or death (accidental or otherwise) during, or arising in any way from the program. I also understand that the Scottsbluff Family YMCA may use, for publicity and/or promotional purposes, my (or my child's) name or pictures participating in this program, without obligation or liability to me or my family.

*Parent/Guardian Signature:

* Date:

FINANCIAL ASSISTANCE AVAILABLE