



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Youth T-Ball/ Baseball

Y Youth Sports focuses on three primary objectives: Fun, Fundamentals, and Character Development.
Program Values are: teamwork, sportsmanship, and character development of caring, honesty, respect and responsibility.

League Information

Season: Tuesdays from June 3rd - July 8th or Saturdays from June 7th - July 19th
**** (The Saturday group will not have practice on July 5th) ****

Location: Tuesdays- Wilson Park or Saturdays- Whitney Park

Registration Deadline: Saturday, May 27th

Late fee: \$10 will be charged after assigned deadline.

Fees: Member \$25 Non-Member \$45

Financial Assistance is available to those who qualify.

Jersey: Reversible Y sport shirts are used for all sport leagues.

Please purchase the jerseys at the YMCA before the first practice.

Jersey fee is \$14 for child sizes and \$17 for adult.

Questions: Contact Carlyne Schlichte, Youth Coordinator, at youthcoordinator@scymca.org or 320-253-2664.

****Volunteer coaches are needed—No experience necessary****

Coaches will be given Y sports training. All coaches will need to complete a background check.

Please register online at www.scymca.org or in person at the YMCA.

T-Ball

Ages 3-4 Years

Y T-Ball League focuses on the fundamental skills: throwing, batting, fielding, and catching.

Tuesdays 5:30-6:15 (Wilson Park)

Saturdays 8:30-9:15 (Whitney Park)

Parent/ Child Participation

Youth League

Ages 5-8 Years

Y Youth Soft Toss League focuses on the fundamental skills: batting, throwing, fielding, defense, and games.

Practices will last ONE hour.

Tuesdays 6:30- 7:30 (Wilson Park)

Saturdays 9:30-11:30 (Whitney Park)

Games/ Practice times will last **one hour** and will be assigned by May 28th.



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Volunteer Coaches

****I wish to serve as a Volunteer Coach for my child's team as a (Circle One or Both) Head Coach/ Assistant Coach****

Coach's Name: _____ Best Phone Number to Reach: _____

Y Youth Sports Registration Form

Player Information

Participant Name: _____ DOB: _____ Grade: _____ School Attends: _____

Gender: Male/ Female

Family Information

Parent Name: _____ Email (for league updates): _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Participation Release:

I release the St. Cloud Area Family YMCA, its coaches and officials from all claims of injury which may be sustained by above child while participating in any YMCA sponsored activity, whether caused by the negligence of the YMCA or otherwise. If medical attention is required I give my permission for such medical care. I also agree to follow the St. Cloud Area Family YMCA's sportsmanship standards and guidelines. By signing below, I give the YMCA permission to use photographs or videos of the above named participant in its promotional/educational materials.

Parent Signature: _____ Date: _____