



Parks and Recreation Department
1100 Chatham Av Norwalk, IA 50211 515.981.9206



2016 Bam Bam Blast Ball (PreK)

PRE-REGISTRATION REQUIRED

(Register online @ www.norwalk.iowa.gov, Parks and Recreation office, or by mail)

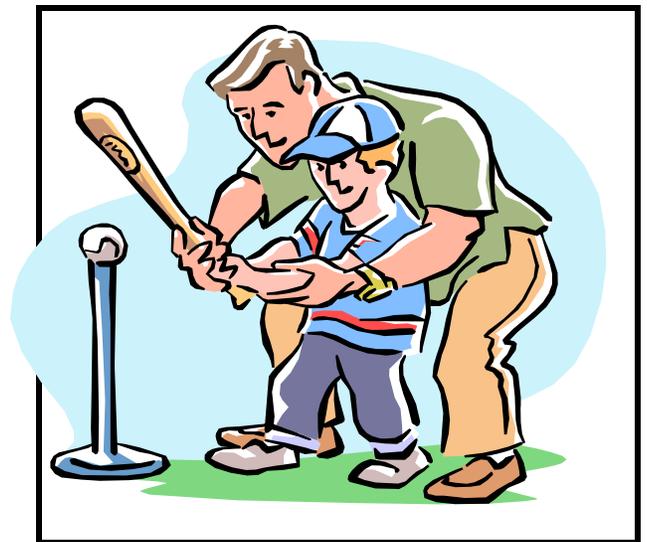
Bam Bam Blast 4 - This program is for children who are 4 years old by June 29, 2016. Bam Bam Blast 5 - This program is for children who are 5 years old by June 29, 2016, but NOT in Kindergarten. This is a coed league separated by age. Bam Bam Blast Ball is a simplified version of tee ball. 4 year olds will hit off a tee and run to first base, which honks when they jump on it. 5 year olds will hit off a tee and advance one base with each batter. **Volunteer coaches will be needed.** Parents, this is a fun league, so sign-up to help if you can. There will be one week of practice and four or five weeks of games (dependent on number of teams).

Dates

Registration Dates: May 2 through May 13
Program Begins: June 27 (weather permitting)
Program Times: 6:00 pm or 7:00 pm
Program Nights: Tuesday **OR** Thursday

Information

Cost: \$39.50 residents
\$45.45 non-resident
Location: Norwalk-McAninch Sports Complex
Equipment needed: glove



Late Fee: A late fee of \$15.00 will be assessed in addition to the regular fee for any registration taken after the Friday, May 13 deadline, pending there is room still available with a team. If the shirt order has been placed, a shirt will not be provided.

Financial assistance may be available for those participants that cannot afford the registration fee - call or stop by if you are interested.



TURN OVER TO FILL OUT REGISTRATION INFORMATION

Norwalk Parks and Recreation Registration Form

Individual Information:

Name:	First	MI	Last
Birth Date:		Grade:	Sex: <input type="text"/> Shirt Size: <input type="text"/>
Shirt size choices: YS (6-8) YM (10-12) YL (14-16) AS AM AL AXL			
Address:	<input style="width: 100%;" type="text"/>		
City, State, Zip:	<input style="width: 25%;" type="text"/>	<input style="width: 10%; text-align: center;" type="text"/> IA <input style="width: 15%;" type="text"/>	<input style="width: 15%;" type="text"/>
Daytime Phone #:	<input style="width: 25%;" type="text"/>	Type:	<input style="width: 15%;" type="text"/>
Evening Phone #:	<input style="width: 25%;" type="text"/>	Type:	<input style="width: 15%;" type="text"/>
Cell Phone #:	<input style="width: 25%;" type="text"/>	Preference:	<input style="width: 15%;" type="text"/>
Email Address	<input style="width: 100%;" type="text"/>		

Contact Information:

Mother	<input style="width: 100%;" type="text"/>	Father	<input style="width: 100%;" type="text"/>
	Daytime	Evening	Cell
Mother - Phone	<input style="width: 25%;" type="text"/>	<input style="width: 25%;" type="text"/>	<input style="width: 25%;" type="text"/>
Father- Phone	<input style="width: 25%;" type="text"/>	<input style="width: 25%;" type="text"/>	<input style="width: 25%;" type="text"/>

Activity Information:

Program	<input style="width: 100%;" type="text" value="2016 Bam Bam Blast Ball (PreK)"/>	Registration Fee	<input style="width: 100%;" type="text" value="\$39.50 - \$45.45"/>	Late Fee	<input style="width: 100%;" type="text"/>
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Volunteer to Coach:

Name	<input style="width: 100%;" type="text"/>	Shirt Size	<input style="width: 100%;" type="text"/>
Phone #	<input style="width: 25%;" type="text"/>	Email:	<input style="width: 50%;" type="text"/>

Financial Assistance Program

This program is intended to open up participation opportunities for Norwalk area children by reducing financial obstacles for those who may not be participating because they cannot afford to pay the registration fees.

Would you like to contribute \$1.00 (or more) to this program? Yes _____ No Thank You

(if yes, please add your donation to the registration fee - and THANK YOU!)

Additional Comments/Medical conditions (if any):

Liability Wavier:

I give permission for my child to participate in this program and agree not to hold the Parks and Recreation Department, their staff, or any volunteer helpers responsible for any accidents. I have READ and AGREE to the waiver:

Parent Signature: _____ **Date:** _____

FOR OFFICE USE ONLY: 440.4505

PAID _____	CK# _____	CASH _____	By: _____
Credit Card _____	Number _____	Expires _____	