



Parks and Recreation Department
1100 Chatham Ave. Norwalk, IA 50211 515.981.9206



2019 Pee Wee Teeball (Kindergarten)

PRE-REGISTRATION REQUIRED

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

This is a coed program for children who are *currently* in Kindergarten. The children will have fun playing while learning the fundamentals of tee ball. **Volunteer coaches will be needed.** Parents, this is a fun league, so sign-up to help if you can. There will be two weeks of practices and four weeks of games (dependent on number of teams). Team shirt provided.

Dates

Registration Dates: Apr 29 through May 17

Program Begins: June 25 (weather permitting)

Program Times: 6:00 pm and 7:00 pm

Program Nights: Tuesday and Thursday

Information

Cost: \$47.00 residents

\$54.05 non-residents

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 17 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: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| Father- Phone | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |

Activity Information:

| | | | | | |
|---------|--|------------------|---|----------|---|
| Program | <input style="width: 100%;" type="text" value="2019 Pee Wee Tee Ball (Kindergarten)"/> | Registration Fee | <input style="width: 100%;" type="text" value="\$47.00 - \$54.05"/> | Late Fee | <input style="width: 100%;" type="text"/> |
|---------|--|------------------|---|----------|---|

Volunteer to Coach:

| | | | |
|---------|---|------------|---|
| Name | <input style="width: 100%;" type="text"/> | Shirt Size | <input style="width: 100%;" type="text"/> |
| Phone # | <input style="width: 20%;" type="text"/> | Email: | <input style="width: 60%;" 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 _____ | CVC _____ |