

4 YEAR OLD BLAST BALL LEAGUE

REGISTRATION DEADLINE: FRIDAY, MAY 7TH

BLAST BALL LEAGUE BEGINS:

Monday, May 24th at Themian park

(No Games Monday, May 31st)

GAME DAYS: Mondays (4 Games)

AGES: 4 Years Old

FEE: \$ 26

* Requests are not guaranteed.

*EVERYONE SHOULD
PLAY!*



NRC's scholarship program is available to those currently receiving **Free/Reduced School Lunches** or that have a current **KanCare Card**. Those who qualify for ESP will be able to participate in NRC's ESP Programs at a 50% reduced rate.



NOTE:

A \$10 late fee will be charged on all late registration. Late registration is not guaranteed a spot on a team. Late sign ups will be put on a waiting list.

Registration forms, schedules and cancellation information can be found on our website, www.newtonrec.org.

YOUTH BLAST BALL REGISTRATION FORM

RETURN TO: YOUTH SPORTS; NEWTON RECREATION COMMISSION; 415 N. POPLAR; NEWTON, KS 67114

NAME: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (HOME) _____ (WORK) _____ (CELL) _____

IF YOU WOULD LIKE TO RECEIVE TEXT MESSAGES FOR NRC UPDATES AND CANCELLATIONS PLEASE PROVIDE YOUR CELL PHONE PROVIDER (DATA RATES MAY APPLY): _____

EMAIL: _____ BIRTHDATE: ____ / ____ / ____ AGE: _____ GRADE: _____

GENDER: M F SCHOOL: _____ SHIRT SIZE: YS YM YL AS AM AL

INTERESTED IN COACHING: Y N PARENT/GUARDIAN NAME: _____

(BACKGROUND SCREEN REQUIRED EVERY 2 YEARS)
COACHES SHIRT SIZE: AS AM AL AXL A2XL

WE HAVE STARTED A NEW CAMPAIGN FOR OUR SCHOLARSHIP FUNDS. WOULD YOU LIKE TO ADD A \$1 TO YOUR TOTAL TODAY? Y N

PARTICIPATION WAIVER

* Requests are not guaranteed.

We, or I, as parent and/or legal guardians of the participant named above, hereby give consent for my minor child to participate in this program and all other activities incidental thereto, including practice, actual participation, being a spectator thereto, and any incidental travel connected with the activity. I further agree to assume full responsibility in case of any accidental injury incurred while participating in this activity.

The Newton Recreation Commission reserves the right to use photos of NRC participants for promotional purposes. If you have photos of you or your children participating in NRC activities and would like to share them for possible publication in future program guides please bring the photos by the NRC office.

PARENT/GUARDIAN SIGNATURE _____

DATE _____



PARTICIPANT WAIVER:



Participant Name: _____

Activity: _____

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending the Newton Recreation Commission and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the NRC activities and facilities may result from the actions, omissions, or negligence of myself and others, including, but not limited to, NRC employees, volunteers, and program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility.

Parent Signature: _____ Date: _____