



TEE-BALL CLINIC AGES 3 AND 4



Join us for our tee-ball clinic for 3 and 4 year olds. This program is a 6 week program. The first 2 weeks are skill clinics and the last 4 weeks are practice and game days! The kids are split into teams by which grade school is closest to your residence. Volunteer coaches are needed to run this program. Interested in coaching or have questions about the clinic contact Julian Madrid at 208-746-2313 or email jmadrid@cityoflewiston.org. Each participant will be getting a team shirt and will have them at first game day.

Ages: 3 and 4

Clinics 2 Saturday's: June 3 and 10 from 10am-12pm

Game Days 4 Saturday's: June 17, 24, July 8, and 15

Game Days and Clinics: Sunset Park

Cost: \$40 per participant

Coaches Meeting: Wednesday, May 31 @ Lewiston Community Center

@ 6pm

Sign up at the Lewiston Community Center

Deadline to sign up is Friday, May 19

Participant Name: _____ School: _____ Age: _____ Shirt Size: _____

Parent Name: _____ Phone: _____ Email: _____

Street Address: _____ City/State: _____

Emergency Contact: _____ Phone: _____

Doctor's Name: _____ Phone: _____

List any physical problems which should be noted: _____

Interested in Volunteer Coaching must be 18+ Background Check Required: YES Shirt Size: _____ NO

Contact Name: _____ Phone Number: _____ Email: _____

PARENT PLEDGE

I pledge to promote positivity in youth sports and act as a role model to my child, as well as other participants and sports parents I meet. I will serve as an advocate for good sportsmanship and to keep fun and learning at the center of the youth sports experience. I will try to improve upon my youth sports knowledge so that I can be an informative leader in the youth

Signature: _____ Date: _____

Major Sponsor:



The Lewiston Parks and Recreation DOES NOT provide medical or accident insurance coverage. The participant is responsible. If participant is a minor, parent/guardian is responsible. I/we assume all risks and hazards incidental to such participation and do hereby waive, release, absolve, indemnify, and hold harmless the Lewiston Parks and Recreation for any claim arising out of injury to myself or my/our minor child. I grant the Lewiston Parks and Recreation permission to photograph myself and/or my child/ward and use the photos in displays and promotional materials. This document shall serve as a release for me, my child/ward and our heirs. I have signed this release voluntarily, with full understanding, under perjury, under laws of the State of Idaho.

Signature: _____ Date: _____

Please fill out and return this form with payment to:

Lewiston Parks & Recreation • PO Box 617 mail 1424 Main Street in-person Lewiston, ID 83501
Ph.208.746.2313 • Fx.208.746.9110 • www.cityoflewiston.org/parksandrec

The City of Lewiston will make all reasonable modifications to programs to ensure that people with disabilities have an equal opportunity to enjoy all of its programs, services, and activities. Anyone who requires an auxiliary aid or service for effective communication, or a modification of policies or procedures should make a request as soon as possible, but no later than 48 hours before the scheduled event, by contacting: City of Lewiston, Nikki Province, Human Resources Director at 1134 F Street, P.O. Box 617, Lewiston, Idaho 83501 • 208-746-3671 x 6211, Fax: 208-746-1907 • nprovince@cityoflewiston.org