





**COACHING INFORMATION** 

DATE:

## LITTLE LADIES SOFTBALL

PARTICIPANT INFORMATION

the City of Delta's social media accounts, website, and local newspaper ads/stories.

PARENT/GAURDIAN SIGNATURE: X

## REGISTRATION | 2024

DEADLINE: APRIL 8th, 2024 - \$15 LATE FEE

Player 1:_	MALE (	OR	FEMALE		Please circle below if you are willing to help:					
			Zip:				Coach:	YES	NO	MAYBE
T-Shirt Size: YS YM YL AS AM AL AXL  Medical Notes/Allergies:  Player 2:						<u> </u>	Asst Coach	n: YES	NO	MAYBE
							Official:	YES	NO	MAYBE
					FEMALE		NAME: _			
_	ze: YS YM YL AS						PHONE: _			
PARENT/GUARDIAN INFORMATION						SPONSOR INFORMATION				
Guardian 1: PHONE:						Are you interested in sponsoring a team?				
Email Address:							Business:			
Guardian	PHONE:				Contact Person:					
	PHONE:				Phone:					
CHECK DIVISION  AGES 7 & 8 AS OF APRIL 30, 2024  Practice			DAY				TIME	ACIVIT	Υ#	FEE
			ctices-May / Games - June M&W				TBD	101201	- D	\$45
	Sponsor	Shirt Colo	r:					101202	- D	\$150 / \$250
injuries or da cant agrees result from a	r signed as an adult ( or p amages which may result to save and hold harmles activities occurring on the ant understands that par	t to myself (my one of the City of De e property of the city of the e	child) as a res lta, it's office e City of Delt	sult o ers, ag a wh	of the Parti gents, or entich is used	cipation i mployees in conjun	n the City of for any dama ction with th	Delta Recrea ages or perso e Delta Recre	tion Prog onal injur eation Pr	gram. The appli- y which may ogram. Further

volunteers. Pursuant to section 15-14-104, C.R.S., I delegate to City of Delta by its designated representatives the power to consent to and contract for emergency medical or dental treatment for my child on my behalf. This power of attorney shall not be affected by my disability. I also release the rights of any pictures or videos taken of my child and team in conjunction with this program to the City of Delta. I fully acknowledge and accept the rights of the City of Delta to use such materials as pictures and videos in platforms such as, but no limited to,

## **PROGRAM INFORMATION**

**AGE LIMITS:** Ages 7-8 years old.

**UNIFORM/EQUIPMENT:** Registration includes a team visor and team shirt. Teams will be equipped with batting helmets and a team bat. Softball pants and cleats are **NOT** a requirement to play. Participants are expected to provide their own glove but please contact us if you need help getting your child a glove. Participants may also use their own softball bat and/or helmet if they desire.

**REQUESTS:** Specific teammate or coaching requests can usually be arranged if we know in advance. Please make a note on the form with any specific requests that you may have and we will do our best to make it happen.

**PRACTICE:** Practices will start in May. All coaches are volunteers and each coach will choose their own practice days/time. Typically teams practice twice per week.

**GAMES:** Each team will be given an eight game schedule. Games will be played on Monday and Wednesday evenings in the month of June. Games will be played in Delta, Olathe, Orchard City, Hotchkiss, and Paonia. Games will be played with a pitching machine operated by the coach.

**PICTURES:** Each team will be given a specific date and time to meet at the Rec Center for individual/team pictures. MJ Thomas provides this service. Picture packets will be handed out to all players. As a courtesy, MJ Thomas provides a 4"x6" team photo to any participant who doesn't order pictures.

**SPONSORS:** We offer two sponsorship levels. Team Sponsor (\$150) puts your business name on the back of the team shirts and on our website. Banner Sponsor (\$250) puts your business name on the back of the team shirts, on our website, and we will hang your company banner on the fence at the fields (business provides the banner). At both levels, you can choose the MLB team that your sponsored team will be.

