



EVERYBODY DESERVES TO PLAY



COURAGE LEAGUE ADAPTED CO-ED BASEBALL **Ages 4 - 18 years old** **RED OAK SPORTS COMPLEX**

The Montgomery County Family YMCA & Can Play Sports are coming together to expand our area's adapted programming for children with cognitive, physical, or other conditions that prevent them from participating in other leagues, for youth in preschool up through age 18. No previous baseball/sports experience needed. We will provide all equipment and uniforms are also PROVIDED! Will accommodate any level of disability - so you always know your child is welcome!

Note: We require that a parent, guardian, or responsible adult remain in attendance with the participant. While you are not expected to assist with play on the field, we may need to consult with you if medical or behavioral issues arise.

VOLUNTEERS NEEDED!

The success of the program is dependent upon help from many volunteers. Baseball buddies can be individuals or whole groups. Volunteering consists of helping a child with catching, throwing, batting and rounding the bases during the game. You do not need to know baseball well, or be well skilled in baseball, to be a Baseball Buddy! Plus you can choose to volunteer for only one game or for multiple games!

WHEN

Sundays, July 11th - 25th - 1PM-2PM

CONTACT INFORMATION

Matt Davis, Program Director
712-623-2161 - mattd@mcymca.com

WHEN

Register Online @ MCYMCA.com/OnlineRegistration
Or fill out form on back and return to the Y!

COST

Free for EVERYONE!

MONTGOMERY COUNTY FAMILY YMCA
101 East Cherry Street, Red Oak, IA 51566
P 712.623.2161 F 712.623.4920 www.MCYMCA.com





Courage League Baseball Registration

(Or Register ONLINE @ www.mcmca.com/OnlineRegistration)

Childs Name: _____ Birthdate ____/____/____ Race: _____ Gender: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian Name: _____ Contact # _____ Alternate # _____

Email Address: _____

I WANT TO VOLUNTEER: Name: _____ Contact # _____

COST:	FREE	YMCA Family Membership	SHIRT SIZE:	YS	YM	YL	Y-XL
	FREE	YMCA Youth Membership		S	M	L	XL 2XL
	FREE	Non-Member					

THE UNDERSIGNED parent(s)/guardian(s) of _____, who is a child under the age of 18 years, with understanding of the potential risks of injury/illness to the child by reason of the child's participation in the following activity: **Courage League Baseball**. The potential risks of participation include, but are not limited to, the risk of injury/illness to the child from contact with other participants and contact with or use of equipment used in the activity.

The parent(s)/guardian(s) affirm that by signing this consent each understands that participation of the child is voluntary and that the parent(s)/guardian(s) have explained to the child that this means that the child is free at any time to stop participation in the activity.

By this consent and with the child's continued participation in the activity, the parent(s)/guardian(s) voluntarily accept the risk of injury/illness to the child by reason of the child's participation in the activity.

PHOTO RELEASE: Parents also release the YMCA, now and for all time, to take and use any video/film/footage/recording/photo/narrative taken of the child while in participation of said program for publication, display, sale or exhibition thereof in promotions, advertising and legitimate business use without any compensation to, and/or claim, by me.

THE UNDERSIGNED provide the following CONTACT INFORMATION TO OBTAIN CONSENT TO TREAT the child in the event of injury/illness or illness during participation:

Print Name (Must be parent or guardian)	Address	Telephone No.
--	----------------	----------------------

If the contact person named above cannot be reached, the undersigned give consent for supervisory staff to provide the child emergency medical care and treatment and further necessary and reasonable treatment by a licensed professional caregiver selected by supervisory staff.

PARENT/GUARDIAN SIGNATURE	PRINT NAME	DATE
----------------------------------	-------------------	-------------

THANK YOU TO OUR PROGRAM SPONSORS!





COURAGE LEAGUE PARTICIPANT QUESTIONNAIRE

FIELDING ABILITY

- | | |
|--|---|
| <input type="checkbox"/> Can catch a hit ball | <input type="checkbox"/> Stops ground balls |
| <input type="checkbox"/> Can catch a thrown ball | <input type="checkbox"/> Trying to learn |
| <input type="checkbox"/> Has trouble catching | <input type="checkbox"/> Other |

Comments:

RUNNING ABILITY

- | | |
|--|--|
| <input type="checkbox"/> Can run without help | <input type="checkbox"/> Walks bases with a walker |
| <input type="checkbox"/> Runs with guidance | <input type="checkbox"/> Uses a wheelchair |
| <input type="checkbox"/> Runs with physical assistance | <input type="checkbox"/> Other |

Comments:

HITTING ABILITY

- | | |
|---|---|
| <input type="checkbox"/> Hits a ball into the outfield | <input type="checkbox"/> Can hit from a tee |
| <input type="checkbox"/> Hits a pitched ball easily | <input type="checkbox"/> Trying to learn |
| <input type="checkbox"/> Occasionally hits a pitched ball | <input type="checkbox"/> Other |

Comments:

ADDITIONAL COMMENTS OR SPECIAL ACCOMMODATIONS REQUIRED
