2021 City of Wells Baseball & T-Ball

(Grades K-1) (Pre-K)

The City of Wells Park & Recreation Department wants your participation in summer baseball to be a positive experience. Your input into the program is important and we welcome your comments. If you have comments or questions, please contact Wells City Hall (507-553-6371), Toby Anderson (507-402-5084) or Ryan Crabtree (507-720-1260). This program is offered for all youth in the USC communities who are completing Pre-K – 1st grade who want to play t-ball and baseball, regardless of ability.

- The Season will start approximately the week of June 7th & run for approximately 3 weeks.
- Games are played weekdays (Monday's and Wednesday's) beginning at 6:15 PM
- Shirts will be provided for all players
- T-ball for Pre-K is played in the grass area east of Half Moon Park behind the Skate Park. Games are 3 innings or one hour long. All players bat every inning, and all players get to run the bases.
- Baseball for Kindergarten & 1st Graders is played on the baseball fields at Half Moon Park. Games are 5 innings or 1 hour. All players bat and play the field. Baseball is coach pitched.
- Information about this league will be posted on the City's website once it is available. www.cityofwells.net.
- Coaches & Umpires are needed. If you are interested in helping, please contact Toby (507-402-5084) or Ryan (507-720-1260).

The Registration Deadline to get your player form & fee of $20.00 sent in is May 10th.
Registration is May 8th from 8am-Noon at Wells City Hall or drop-off at city hall during city hours.
After May 10th late fees will be assessed as follows: $45.00 ($25.00 late fee plus the $20.00 registration fee)

(Return this portion to City Hall (125 S Broadway) with payment)

2021 Baseball & T-ball Sign Up - Pre-K through 1st Grade.

The Fee is $20.00 (NO REFUNDS)

Circle the age bracket your child will be participating in: Baseball (Completed Kindergarten & 1st Grade)
T-Ball (Pre-K)

****Circle the Shirt size:** Adult: S M L XL Youth: S M L XL

_____ M F _____
Childs Name Parent/Guardian Name

_____ _____ _____
Address Phone Number Email Address

Are You Willing to Help Coach? Y N

_____
Name

_____ _____ _____
Mailing Address Phone Number Email Address

PARENTAL CONSENT FORM

I give permission for my child _____ to participate in the City of Wells Baseball/T-ball program and agree to release any and all persons supervising and assisting in the program from any liability for injuries that my child may sustain while participating in the program. I also understand that I will assume all financial responsibility for any medical expenses that may be required to treat injuries sustained while participating in this activity. In the event that I am unable to be contacted, I hereby give permission to provide emergency first aid and/or medical care for my child.

In case of emergency, please notify _____ _____
(Name) (Phone Number)

Parent's Signature _____