

ponytail softball

Get out. Get going.

CITY OF KEARNEY PARK & RECREATION

KPR PO Box 1180 / Kearney, NE 68848 / 2005 1st Avenue / 308-237-4644 / Mon. - Fri. 8am-5pm / www.kearneyrec.org



Girls will be introduced to the basic fundamentals of softball by trained coaches in a fun, positive, energetic, and organized atmosphere. Practices and games will be held twice a week. The 6 and 7 year olds will play T-ball on Mondays and Wednesdays, while the 8-10 year olds will play a combination of T-ball, coach pitch, and player pitch on Tuesdays and Thursdays. The girls will be placed on a coached team and will receive a Ponytail Softball shirt. Players should bring their glove. A fun Ponytail Pool Party will be conducted at the end of the season!

Ages: 6-7 & 8-10

Location: Harvey Park Softball Complex

Program Fee: \$31 on or before Wednesday, May 22 (\$37 after 5/22)

KPR strives to promote an inclusive environment and provides programs for all abilities. If your child needs special accommodations, please contact us at least two weeks prior to the start of the program.

Financial assistance is available. A 50% discount will be given to those who meet income guidelines. Please call or stop by the Park and Recreation Office for more information.

#246 Ages 6 & 7 Mon. & Wed. 8:45-10:00am May 29- June 26

#247 Ages 8-10 Tues. & Thurs. 8:45-10:00am May 30- June 27



Register online at www.KPRregister.org

Call 4-INFO at 234-4636 for postponements or cancellations.

Get out. Get going. Play softball!

registration form

RETURN THIS FORM WITH FEE TO: KPR PO Box 1180 / Kearney, NE 68848 / 2005 1st Avenue / 308-237-4644 / Mon. - Fri. 8am-5pm / www.kearneyrec.org

METHOD OF PAYMENT Check Enclosed Cash enclosed Make Checks Payable to "City of Kearney"

Visa® Mastercard® Discover® Credit Card # _____ Exp. Date _____ CCV# _____
3 DIGIT CODE ON BACK OF CARD AUTHORIZED SIGNATURE

FAMILY NAME _____ HOME PHONE _____ WORK PHONE _____ EMAIL _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____



PARTICIPANT'S NAME	M/W	AGE	DATE OF BIRTH	GRADE	SCHOOL	PROGRAM#	ACTIVITY	FEE
								\$
								\$

Please describe any special needs or accommodations that you or your child may require _____

TOTAL \$

NOTE: YOU WILL NOT BE MAILED A WRITTEN RECEIPT. ASSUME THAT YOU ARE IN THE ACTIVITY UNLESS OTHERWISE NOTIFIED.

PARTICIPANT RELEASE STATEMENT: We understand the activities that my family has enrolled in, and I hereby give my permission and consent for their participation. Furthermore, I recognize that proper care of equipment, fields and adequate supervision will be provided, but that inherent in these activities is a degree of assumption of risk. I do hereby absolve, release and agree to hold harmless and City of Kearney, it's sponsors, leaders, agents and volunteers from liability claims in case of accidents to all family members enrolled in these programs.

PHOTO PERMISSION: We the parents or participating individual, grant permission for pictures to be used in the City of Kearney Park & Recreation publicity materials.

PARENT/GUARDIAN/ADULT PARTICIPANT SIGNATURE: _____ **DATE:** _____

