

CALHOUN COMMUNITY EDUCATION



Tiny T-Ball League



Program Information



Instructional-based Program



Volunteer Coaches needed



Team Sponsors needed:

Call 706-629-6788, if interested



T-Shirt included



For more information: visit

www.calhounschoools.org/communityed



Games conducted at the Bernstein Park

(across the street from CMS beside the CHS softball fields)

Dates & Communication



Registration Deadline:

- Ages 5 & 6: Feb. 23rd by 4:00pm
- Ages 3 & 4: March 30th by 4:00pm



Coaches meeting: at Central Office

- Time: 12:00-1:00pm
- Wed. March 1st (ages 5 & 6)
- Wed. April 12th (ages 3 & 4)



Games begin March 14



Remind Messages: text @ccetball to 81010



**Boys & Girls: Ages 5 & 6
Ages 3 & 4**

Cost: \$50

**Late Registration: \$10 add'l fee
(space permitting)**

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Coaches meeting at the Central Office on 380 Barrett Road from 12:00-1:00pm
Wednesday, March 1st (ages 5 & 6)
Wednesday, April 12th (ages 3 & 4)

Register on-line at www.mypaymentsplus.com or at 380 Barrett Rd (Community Education Office).
 Questions should be directed to 706-629-2900.

Note: Join Remind Messages by texting @cctball to 81010

Child's Name	Age/ Gender (as of May. 1, 2017)	Home Phone	Emergency Phone
Mother/Guardian Name	Mother/Guardian Cell	Father/Guardian Name	Father/Guardian Cell
Email Address		Allergies	

Shirt Size (Circle One) YES YM YL AS

I am interested in coaching my child's team: (Circle) YES / NO
I am is interested in sponsoring (\$250.00) my child's team: (Circle) YES / NO
I am interested in sponsoring (\$50.00) a child: (Circle) YES / NO

I /we agree to indemnify, defend and save harmless The Calhoun City Schools, its elected and appointed officials, officers, employees, agents and volunteers (to include all employees, agents and volunteers of the Calhoun City School System from any and all claims arising from my/our child's participation in any sports activity and related activity conducted under the control of the Calhoun City Schools Community Education Department. Such indemnification shall include, but not be limited to, liability settlements, damage awards, costs and attorney's fees associated with any such claim. **I have read or have had read to me the foregoing in its entirety and by placing my signature below do declare that I understand that any cost or injury resulting from participation is my responsibility.**

Parent/Guardian Signature	Date

For Office Use Only: Date Pd _____ Amount \$ _____ Employee Initials: _____
 Credit Card _____ Check _____ Cash _____