



2017 Wiffleball Registration 2nd, 3rd, 4th and 5th Grade

Thursdays, March 9- April 27 (no class March 16th & 30th)

Fee: \$8.00 Residents, \$12.00 Non-Residents, \$11.00 Residents of Cleveland, Mosel, Centerville.

Registration Deadline: Monday, February 27th.

If you are excited for Spring to start the beginning of baseball and softball season, sign up for the Sheboygan Recreation Department Wiffleball program! A fun way to play baseball and softball inside until the weather improves. The Wiffleball program is designed for kids to have fun playing baseball/softball while learning some of the strategies of the game. A Recreation Department staff member will be the organizer and the pitcher for the games, and the focus will be on team play, participation and having fun! Each session will last approximately one hour. Space is limited. So sign up today!!!

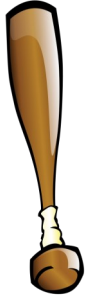
On Thursday, March 9th, participants should show up at Horace Mann Middle School Gym at the following times:

2nd & 3rd Grade: 5:30pm-6:30pm

Code 5926

4th & 5th Grade: 6:45pm-7:45pm

Code 5926



- At this time, the children and team leaders will be introduced to the rules of the game, Wiffleball fundamentals and play a short scrimmage game in addition to receiving their game schedule.



- Starting March 9th**, games will be played at Horace Mann with a chance the schedule will change depending on enrollment size
- Recreation Weather Cancellation Hotline 208- 5805. If Sheboygan is experiencing extremely cold weather or heavy snow accumulation call by 4:00pm to see if games for the day have been canceled.

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2017 WiffleBall Registration Form

FEE PAID: \$8 \$12 (late fee add \$2.00 after Monday, February 27th)



Return with registration fee to: Community Recreation Department by **Monday, February 27, 2017.**

Name _____ Circle one: Boy Girl Birthdate _____ Age _____ Grade _____

Address _____ Phone _____ School Attending _____

Parents' Names _____ Parents' Birthdate _____ Email Address _____

Medical problems or conditions leaders should be aware of? _____

Liability Waiver Release

I, _____, (Parental signature) as guardian of the above named player do hereby grant permission for him/her to participate in the Wiffleball Program sponsored by the Sheboygan Area School District and acknowledge the risk of accidental injury that may occur to the player mentioned above while participating in this activity. The above parental signature also authorizes treatment by a qualified and licensed medical doctor in the event of a medical emergency. Yes _____ No _____

Name of person to contact in case of emergency _____ Phone _____

📣 Wiffleball Requires Volunteer Help! Team Leaders are needed!

____ I am interested in being a team leader.

** I understand that signing here will **automatically** assign me to lead a team** Date of Birth _____

Parent's Name _____ Home Phone _____ Work Phone _____