



# Vilonia Parks and Recreation

## BLASTBALL REGISTRATION FORM

Registration Fees: \$35 for first child, \$20 for each additional child

Blastball is an excellent introductory game for T-Ball and Baseball for boys and girls. Teams are made up of 7-10 players so each child will have more opportunities to touch the ball. The game is safe and uses a foam bat and ball with no gloves required. Blastball teaches the basic T-Ball and Baseball fundamentals of hitting, throwing, and sportsmanship. This 4-week program is for children ages 3 & 4. Four year olds have the option of Blastball or participating in our 6u Baseball and Softball programs.

**Parent participation is vital in the success of this program due to no umpires being involved. Are you willing to coach? \_\_\_ YES \_\_\_ NO**

Child's First Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Liability Release: The Vilonia Parks & Recreation Department is offering Blastball for ages 3 and 4. No entry will be accepted, unless, this release form is signed by the parent or legal guardian of the player. The undersigned, intending to be legally bound, hereby for myself, my heirs, my executors and administrators, waive, release and otherwise, hold harmless any and all rights and claims for damages I may have against the Vilonia Parks & Recreation Department, City of Vilonia, Vilonia Public School District, and their successors and assigns for any and all injuries suffered by me or my minor child as a spectator / participant in this sport: Blastball. Further by signing above, I am giving my consent that my child is physically able to participate, is in good health, free from injury and otherwise fit to participate in this activity. By signing above, I am representing that the entrant, named above, is covered under a health or disability insurance policy or that I am financially responsible for any and all medical or hospitalization costs that may be associated with the entrant's participation. I understand that by my signature that I agree to allow my picture or picture of my child to be used for promotional purposes for the Vilonia Parks and Recreation Department. If the age of a player is ever questioned, the parent must submit a birth certificate to Vilonia Parks and Recreation Department.

Make check payable to Vilonia Parks and Recreation and mail to PO BOX 188, Vilonia AR 72173, or place in the Registration Dropbox in the Vilonia City Hall lobby, located at 18 Bise Drive. While cash is accepted in the dropbox, please be aware we cannot make change.

FOR OFFICE USE ONLY

Cash or Check #: _____	Receipt #: _____	Multiple Child Discount? <input type="checkbox"/>
Refund Amt: \$ _____	Refund Check #: _____	Refund Date: _____