

Grimes Parks & Recreation Department

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www.grimesiowa.gov

CITY OF
GRIMES



2008 Bam Bam Baseball Clinic for Ages 3-5

Program Description:

NEW! A fun version of baseball that uses a large plastic bat and a whiffleball. Geared toward a fun and rewarding experience in a low-competitive atmosphere. No score is kept, everybody wins. Parents are asked to fully participate along with their child to ensure the safety and increase the experience for the participants. Kids may bring their own baseball glove (optional), baseball hat, and water bottle.

Who: For Boys and Girls Ages 3 – 5 years old

Where: North Field of Lions Park (North of Kum and Go)

Dates: Tuesdays & Thursdays

Session 1: June 10 – June 26 (Deadline is June 5)

OR Session 2: July 15 – July 31 (Deadline is July 10)

Time: 5:30 – 6:15pm OR 6:30 – 7:15pm



Questions: Contact Brett Barber, Grimes Parks & Recreation Director at bbarber@ci.grimes.ia.us.

To Register: Pre-registration required. Please pay with cash/check to **City of Grimes** and bring in registration to the P & R Office located in the Grimes Community Complex on 410 S. Main Street.

Cost: \$18 per child

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2008 "Bam Bam Baseball Clinic" Registration Form

PARTICIPANT'S NAME: _____ DOB: _____ AGE: _____

PARENT/GUARDIAN'S NAME: _____ Volunteer Coach? YES NO

STREET ADDRESS: _____ CITY: _____ ZIP CODE: _____

EMAIL: _____ PHONE: _____

T-Shirt Size (Circle): YS YM YL

Session (Circle): Session 1 at 5:30pm Session 1 at 6:30pm Session 2 at 5:30pm Session 2 at 6:30pm

Release and Indemnification Agreement:

I hereby request that you accept my child's application for registration in this Grimes Park and Recreation Department program. With consideration of your acceptance of my child, I hereby release the City of Grimes, its employees, and the coaches and volunteers associated with this program from all claims which may arise in the event my child is injured in an accident that occurs while he or she is participating in this program. I further agree to indemnify the City of Grimes, its employees, and the coaches and volunteers associated with this program for any claim, which may hereafter be presented on behalf of my child as a result of any such injuries. I hereby acknowledge that it is my responsibility, not the responsibility of the City of Grimes, to provide medical insurance coverage in the event I desire to have medical insurance coverage for my child while he or she participates in this particular activity. I will also allow pictures of my child during this program to be used only for the marketing purposes of future Grimes Parks and Recreation programs.

Signature of Parent or Guardian

Date

Grimes Community Complex ~ 410 S. Main St. in Grimes