

## NORWALK PARKS & RECREATION 100 Republic Street

<u>www.norwalkrec.com</u> (419) 663-6775

## SPORTIES FOR SHORTIES – Tee ball 2025

\*\*\* PROGRAM INFORMATION SUBJECT TO CHANGE AT ANY TIME  $\,^{***}$ 

This is a parent and child interactive teeball program. Parents/guardians will be working directly with their child to learn the basics of the sport through different games and activities. A staff leader will direct you through this fun program for five weeks.

Age: 3-4 years

When: April 24 – May 22

Day: Thursday PM (4:30 or after)
Where: Bishman Park / Rec gym

Registration starts March 10 until rosters are full

Checks are to be made payable to 'City of Norwalk.'

\$20 for Norwalk City residents/students and Ernsthausen Members

\$25 for out of town studentsLate fee beginning April 7:\$5 additional per student

## REQUIREMENT FOR PLAYERS

A new state law, known as "Lindsay's Law," calls for pre-participation education and training for families & coaches, with guidelines for recognizing and dealing with the symptoms of **Sudden Cardiac Arrest**. It aims at raising awareness of **Sudden Cardiac Arrest** to ensure preparedness and proper response in the event of medical emergencies.

## Here are the REQUIRED steps:

- 1) Watch short SCA video @ norwalkrec.com.
- 2) Sign the **REQUIRED SCA** form on back.
- 3) Return signed form at time of registration.

NO CHILD MAY PARTICIPATE WITHOUT FORM

All forms and fees must be turned into the	e Ernsthausen Community Ce	enter.		
(The Park & Rec. Dept. does offer financia				
Child's Name	School	Member	Exp	-
Address Age Birthdate//	City	Pho	ne	_
Age Birthdate//	Male Female	Height'" W	eight	
Parent email				_
Mother's Name	's Name Home Phone			
Mother's Employment	Business Phone			
Father's NameHome Phone				
Father's EmploymentBusiness Phone				
Alternate person to be contacted		Phone		
Facts concerning your child's medical impairments that would be beneficial			taken, and any physical	
I agree that I will hold harmless and indemnif Norwalk for any injuries incurred during activiti 19. I assume all responsibility as a result of authorized in my absence to consent for treat my consent for treatment deemed necessary be	es my child is participating in, ind my child being permitted to pa ment to be given to my child. In	cluding but not limited t articipate in the progra n the absence of myseli	o exposure to or illness resulti ms. The alternates listed ab	ing from COVID- oove are hereby
Signature of Parent or Guardian		Date		
****	*******	******	***	
RN:	Date Amt. Pd.	Initials	□ SCA FORM	