

# Youth Baseball Programs

## T-Ball One

Learn the rules of baseball in this fun league for ages 4-5. Hit off a tee and develop skills such as throwing, catching, base running and fielding. Practice your skills, then try them out during games. Rain make-up date is August 5.

**Mondays & Wednesdays, June 17-July 31 (no 6/19, 7/1, 7/3)**

110302-A 5:45-6:30 p.m.

## T-Ball Two

Learn the rules of baseball in this fun league for ages 5-6. Hit off a tee and develop skills such as throwing, catching, base running and fielding. Practice your skills then try them out during games. Rain make-up is August 6.

**Tuesdays & Thursdays, June 18-August 1 (no 7/2, 7/4)**

110303-A 5:45-6:30 p.m.



### Program Location:

Meadow Lake Elementary  
8525 62nd Ave N

### FEE:

\$60 New Hope residents (*fees increase by \$10 after May 24*)

\$67 Nonresidents

**Save the date! Picture night is  
Monday, June 24 at New Hope City Hall**

## Pitch by Coach One

Ages 6-8 will have fun and learn and enhance ball skills including batting, fielding and positioning as kids learn strategies for success. Rain make-up is August 5.

**Mondays & Wednesdays, June 19-August 2 (no 6/19, 7/1, 7/3)**

110304-A 6:45-7:45 p.m.

## Pitch by Coach Two

Ages 8-10 will learn more about baseball as coaches pitch in this fun league. Youth will learn and enhance skills including batting, fielding and positioning. Rain make-up is August 6.

**Tuesdays & Thursdays, June 18-August 1 (no 7/2, 7/4)**

110304-B 6:45-7:45 p.m.

**REGISTER WITH:** New Hope Parks & Recreation  
4401 Xylon Avenue North  
New Hope, MN 55428

**Online Registration!** [webtrac.nhreexpress.com](http://webtrac.nhreexpress.com)

Refunds, program credits and transfers are allowed up to one week prior to the start of the program. In the event of illness or injury, refunds may be given when accompanied by a doctor's written verification. All refunds are subject to a \$10 service fee. Payment by check authorizes the city to use information from your check to make a one-time electronic fund transfer from your account. **Phone registrations accepted with a major credit card.** Questions? Call 763-531-5151.

**Participants** will need their own glove and water bottle. Team shirt and hat provided.

**Schedules:** Participants will be contacted with their team information prior to the start of the season. The season will begin with practices, followed by a game schedule. Based on number of teams, some practices may be held at Holiday or Little Acre parks.

**Coaches:** Two volunteer coaches are needed for each team. A coach orientation will take place in early June and will include coaching tips provided by the Minnesota Twins. Those who are selected to coach will receive a refund of their child's registration fee after the season (one refund per team coached).

### YOUTH BASEBALL REGISTRATION FORM ~ SUMMER 2024

Child's Name \_\_\_\_\_ Phone(s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Sex (M or F) \_\_\_\_\_ Email address \_\_\_\_\_

**COURSE CODE / LEAGUE** \_\_\_\_\_

Please put my child on a team with \_\_\_\_\_ FEE ENCLOSED \$ \_\_\_\_\_

\*Every effort will be made to put friends together when possible! **LIMIT TO ONE FRIEND.**

Does participant have a special need? \_\_\_\_\_ T-shirt Size: YS YM YL AS AM

Are you interested in coaching? \_\_\_\_\_ Yes \_\_\_\_\_ No Parent/Guardian Name \_\_\_\_\_

*I, the undersigned parent or guardian, authorize the City of New Hope to disclose to the City's insurer, attorney, staff, coaches, and other personnel involved in this program, the participant's name, address and telephone number for the purpose of program administration. I understand that the records are protected under state and federal privacy regulations and cannot be disclosed without my written consent unless otherwise provided by law. I hereby agree to allow the individual named herein to participate in the aforementioned activity, and further agree to hold the City harmless for any claim resulting from participation in this activity. I further give consent for any photos or videos taken during the program to be used by the City for promotional materials.*

Parent or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Am Ex/Discover/MC/Visa # \_\_\_\_\_ Exp Date \_\_\_\_\_ Zip Code \_\_\_\_\_