



A PROGRAM DESIGNED FOR DEVELOPING THE FUNDAMENTALS OF BASEBALL
 THROWING ● FIELDING ● HITTING ● BASE RUNNING

5 - 6 Year Olds
TUESDAYS & THURSDAY
MARCH 14, 16, 21, 23, 28, 30

7 - 8 Year Olds
TUESDAYS & THURSDAY
MARCH 14, 16, 21, 23, 28, 30

9 - 11 Year Olds
TUESDAYS & THURSDAY
MARCH 14, 16, 21, 23, 28, 30

Wildcat Sport & Fitness
 6:15 PM - 7:10 PM
 \$40
 20 Open Spaces

Wildcat Sport & Fitness
 6:15 PM - 7:10 PM
 \$40
 20 Open Spaces

Wildcat Sport & Fitness
 7:15 PM - 8:15PM
 \$40
 20 Open Spaces

Space is limited. First come first served.

For on-line registration, go to www.mayfieldheights.org. Click **On-Line Registration** on the left side of page.

For more information, contact the Mayfield Heights Recreation Department at 440-442-2627.



Mail completed registration form, with payment, to:

City of Mayfield Heights
Spring Training
6154 Mayfield Road
Mayfield Heights, OH 44124

Registration Form

Please Print

Name: _____ Birthdate: ____/____/____
First Last

Grade: _____ School: _____

Address: _____
Street City Zip

Parent/Guardian: _____ Email: _____
First Last

Home Phone: _____ Cell: _____ Emergency Phone: _____

I UNDERSTAND THAT EACH SPORTS LEAGUE INVOLVES A DEGREE OF PHYSICAL ACTIVITY AND A LEVEL OF COMPETITION THAT MAY RESULT IN INJURIES TO MY CHILD OR WARD. IN ADDITION, IF ANY PARTICIPANT BECOMES A DISCIPLINE PROBLEM, HE OR SHE WILL BE REMOVED FROM THE PROGRAM WITHOUT REFUND. KNOWING THIS, I HEREBY RELEASE, INDEMNIFY, AND SAVE HARMLESS MAYFIELD CITY SCHOOLS, MAYFIELD VILLAGE, GATES MILLS, HIGHLAND HEIGHTS, MAYFIELD HEIGHTS, AND ITS EMPLOYEES, AS-WELL-AS ALL PROGRAM SPONSORS AND ALL CLAIMS FOR INJURIES TO PERSON OR PROPERTY SUSTAINED OR CAUSED BY MY CHILD OR WARD WHILE PARTICIPATING IN SAID SPORTS LEAGUE.

 Date: ____/____/____

SIGNATURE OF PARENT OR LEGAL GUARDIAN