

Kids Age 3—5 years old

Thursdays; 6:15/7:00 p.m.

Session 1: May 2-30; Cost: \$40/\$35

Session 2: June 6—July 11; Cost: \$40/\$35/\$30

Parkview Softball Fields

Limit: 40 participants per session

After 2 weeks of practicing catching, throwing and hitting, teams will play each other and work on running after hitting, and where to throw the ball!

Registration Starts March 12

See Back for Registration Information

To Register with Mayfield Village:

- ◆ **Visit** www.mayfieldvillage.com/recreation
- Call: 440-461-5163 to pay over phone
 - Mail form along with Payment to:

6622 Wilson Mills Road, Mayfield Village, 44143

Payment Forms Accepted:

Mastercard/Visa/Discover

Checks Made Payable to Mayfield Village;



To Register with Mayfield Heights:

Visit www.mayfieldheights.org

Call: 440-442-2627 to pay over phone

Mail form along with Payment to:

6154 Mayfield Road, Mayfield Heights, 44124

Payment Forms Accepted:

Mastercard/Visa/American Express

Checks Made Payable to Mayfield Heights

Or Cash

Child's Name			Male	Female	D.O.B
Address					
(St	reet)	(City)		(Zip)	
Phone #		Email_			
Check All that apply: SESSION 1:	Bat/Ball/Shirt (\$40)	Shirt O	nly (\$35)		
SESSION 2:	Bat/Ball/Shirt (\$40)	Shirt O	nly (\$35)	Repeat	Participant (\$30)
	Shirt Size:Child Sm	n.(6-8)	Child Med.	(10-12)	
MC/Visa/Disc/Am. Ex Credit Card #				Exp. Date	eCode
minor child while he/she pa ther fully understands that the Little Sluggers Baseball lease and discharge Mayfie injury to the said minor chil Sluggers Baseball Program	rent/guardian of the above mentions articipates in the Mayfield Village and the employees, officials, and volunte Program cannot guarantee the absold Village and Mayfield Heights, its ed, and further agrees to hold harmle participates, its employees, officials ach injury or any claim arising therefront	d Mayfield Heights eers of Mayfield Vil lute safety of said employees, officials ess and indemnify I and any volunteer	Little Sluggers E llage and Mayfic minor child. The s and volunteer Mayfield Village	Baseball Program. Eld Heights admini e undersigned doe personnel from ar and Mayfield Hei	The undersigned fur- istering and supervising es hereby expressly re- ny and all liability for ghts in which the Little
SIGNATURE OF PARENT OR GUARDIAN:			Date:		