

# Summer Softball

Grades 3 - 11

## Kimball Boosters Club - Crow River Fast Pitch Softball League

-Players will be challenged as they play other communities such as Hutchinson, Annandale, Dassel, and Litchfield. Games will be played according to ASA rules with some modifications for younger players. Experienced coaches from the school program and the booster club will emphasize proper techniques in individual skills, team offensive and defensive skills and strategies.

-Practice starts in May on Mondays and Wednesdays (typically 6:00 pm to 8:00 pm).

-Games start the first week in June on Mondays and Wednesdays at 6:00 pm and continue into July. All teams will compete in a state qualifier tournament in July with the opportunity to advance to a state tournament that typically takes place on the last weekend in July. (Additional tournaments will also be offered.)

**Information Meeting and Registration Monday, March 17th, 6 pm Wirth Gym.**

*Parents can register their children and get all their questions answered!*

**Form must be received or postmarked by March 31st (Late registrations are not guaranteed a spot to play.)**

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- In consideration of participation in this Kimball Booster Club activity, I hereby acknowledge and do enter this program at my own risk, assuming all known and unknown risks. I also agree to indemnify and hold harmless the Kimball Booster Club, it's members and coaches from any and all injuries I may incur. All persons under the age of 18 must have parent/guardian signature to participate.

- Additionally I hereby agree to sign and abide by the parent code of conduct

Cost for 5th to 11th grade: \$75 per participant or \$60 if you are an active Booster Club Member. Includes Jersey.

Cost for 3rd and 4th grade: \$65 per participant or \$50 if you are an active Booster Club Member. Includes Jersey

Participants Name \_\_\_\_\_ Age \_\_\_\_\_ Grade 2013/14 \_\_\_\_\_ Birthdate \_\_\_\_\_

Phone # \_\_\_\_\_ Cell #'s \_\_\_\_\_ / \_\_\_\_\_ Email \_\_\_\_\_

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

Shirt Size: YS YM YL S M L XL Any Medical Condition? \_\_\_\_\_ Describe \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Signature \_\_\_\_\_

Make checks payable to:

Kimball Booster Club

Mail To:

Kimball Booster Club

PO Box 301

Kimball, MN 55353

Questions:

Email: kimballboosters@gmail.com

Call: Roger Utecht 320-980-1934

Visit our website: [www.kimballboosters.org](http://www.kimballboosters.org)