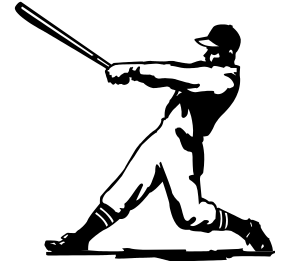




Grand Haven Area Public Schools  
 1415 Beechtree St., Grand Haven, MI 49417  
 Phone: 616.850.5125 nora.ghaps.org



# 2019 - 7th & 8th Grade Boys Baseball Teams

Parent Meeting: Wednesday, February 27<sup>th</sup>, 5:45pm LSMS Café  
 Indoor Practice Begins: March 18<sup>th</sup>- White Pines Intermediate School  
 First Game: April, 22, 2019  
 Player Fee: \$175.00 (Includes Cap, Practice & Game Shirt) Optional Hoodie available.  
 League Info: 8-10 games, home games at Sluka Field, games on weeknights.

**REGISTRATION DEADLINE: Monday, April 8, 2019**

A \$10 fee will be assessed for late enrollment  
 (NORA reserves the right to cancel programs if the minimum enrollment is not achieved.)

Financial Assistance available through the Chris Christiansen Youth Scholarship Fund. Donations are always accepted and appreciated.

**7<sup>th</sup> & 8<sup>th</sup> Grade Boys Baseball Team #8907**

**Player Fee: \$175.00**

**Registration Deadline: Monday, April 8, 2019**

(A \$10 fee will be assessed for late enrollment)

Child Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Game Jersey & Practice Shirt Included: Adult Size:  Small  Medium  Large  X-Large  
 Optional Hoodie: \$32.00 (#8907H) Adult Size:  Small  Medium  Large  X-Large

Parent Name \_\_\_\_\_  VOLUNTEERING PARENT Email \_\_\_\_\_

Phone (Primary) \_\_\_\_\_ (Secondary) \_\_\_\_\_

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

PLEASE CHECK APPROPRIATE RESIDENCE BOX ✓

GH City  GH Twp  Ferrysburg City  Rob Twp  Port Sheldon Twp  GHAPS (other)  GHAPS (SL)

**SPONSORS NEEDED – \$175 includes sponsor's logo on shirts (#8907S)**

Sponsor Name \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

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

**WAIVER & CONSENT TO PARTICIPATE:**

I, the below signed parent, enrolling in the NORA league, understands that my child involved, plays at his/her own risk. NORA, GHAPS and league sponsors shall not be liable for any damage whatsoever arising from any personal injury or property loss sustained by participant and her family in or about the premises. Participants assume full responsibility for all injuries and damages which may occur in or about the facility and does hereby fully and forever release, discharge and hold harmless NORA, all facilities and its agents and Association sponsors, from any and all claims, demands, damages, rights of action, present or future resulting from or arising out of any person's participation in the program or its facilities.

CONSENT: I hereby grant authority to the Association to render judgment concerning medical assistance or hospital care in the event of an accident or illness.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PAYMENT MUST ACCOMPANY REGISTRATION TO BE PROCESSED.**

**Make checks payable to NORA or  
Northwest Ottawa Recreation Authority**

**Register at the Recreation Office, 1415 Beechtree St,  
Grand Haven, MI 49417**

**Mail in, drop box, walk in, call 850-5125 or  
online at nora.ghaps.org  
Visa/MasterCard accepted.**

**Become a fan or friend on FACEBOOK!**



**Refund Policy:**

1. A full refund will be issued if NORA cancels a class.
2. A full refund less a \$5 processing fee will be issued if participant cancels at least 48 hours prior to the start of class.
3. If cancellation is less than 48 hours of class beginning, a voucher for value of class will be issued less the \$5 processing fee. **VOUCHER CAN BE USED TOWARD ANY NORA CLASS, JUST LIKE CASH, BUT MUST BE USED WITHIN ONE YEAR.**
4. NO REFUND will be issued if canceling on day of class.
5. NO REFUND will be issued after class starts regardless of attendance.
6. A \$15.00 fee will be charged for all returned checks.