

RevSports Spring Baseball

These fundamental skills programs include throwing, catching, hitting, base running and fielding. Age-appropriate equipment will be used. Cleats and gloves are optional. These programs are open to all ability levels and run by RevSports staff.

Parent/Child T-Ball

Mondays, April 8-29

130305-A Ages 2-3 5-5:25 p.m.
130305-B Ages 3-5 5:30-6:10 p.m.

Mondays, May 6-June 3 (no class 5/27)

130305-A1 Ages 2-3 5-5:25 p.m.
130305-B1 Ages 3-5 5:30-6:10 p.m.

\$67 Residents of New Hope, Crystal and Robbinsdale
\$74 Nonresidents

Welcome Park, 4630 Welcome Ave N, Crystal

Coach Pitch Baseball/Softball

Mondays, April 8-29

110306-A Ages 4-6 6:15-6:55 p.m.
110306-B Ages 5-8 7-7:40 p.m.

Mondays, May 6-June 3 (no class 5/27)

110306-A1 Ages 4-6 6:15-6:55 p.m.
110306-B1 Ages 5-8 7-7:40 p.m.

\$67 Residents of New Hope, Crystal and Robbinsdale
\$74 Nonresidents

Welcome Park, 4630 Welcome Ave N, Crystal

Register with: New Hope Parks and Recreation
4401 Xylon Avenue North
New Hope, MN 55428
763-531-5151

Refunds, program credits or 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 with 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.

Online registration! Go to webtrac.nhrecexpress.com.

 facebook.com/newhoperecreation



RevSports T-Ball/Baseball - Spring 2024

Name _____ Phone(s) _____

Address _____ City _____ Zip _____

Course Number _____ Dates _____ Times _____

Birthdate _____ Age _____ Amount Enclosed \$ _____

Does participant have a special need? _____ Email _____

I, the undersigned parent or guardian, authorize the City of New Hope to disclose to the City's insurer, attorney, staff, 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 the state and federal privacy regulations and cannot be disclosed without my written consent unless otherwise provided by law. I 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/Guardian Signature _____ Date _____

Am Ex/Discover/MC/Visa # _____ Exp Date _____ Zip Code _____