

2024 SUNDANCE SUMMER RECREATION

Please sign your child up for classes according to the **class they will be in this fall**. The cost is **\$15** for activity classes and **\$25.00** for T-ball and baseball. Make payments to the **CITY OF SUNDANCE** either online at www.cityofsundancewy.com or **directly at City Hall**. (Do not turn in at elementary office) Please use your own judgment if weather is inclement, as it is not always possible to predict or call everyone to cancel classes. Updates will be on the Facebook page. If you have a question about activity classes or T-ball, please call **Andrea Humphrey at 307-896-3161 or 290-2302**. **For baseball call Kerl Andrews at 307-299-0536 (We have a facebook page titled Sundance Summer Recreation set up to give updates and cancellations, so please join so that you receive updates)**

PLEASE MARK ALL CLASSES OF YOUR CHOICE

_____ **T-BALL** (age 4-5) Tues./Thurs., May 30– June 27(1:00-2:00) Practices at **HS field**, Games – TBA at **baseball complex**. **\$25.00 (Must be 4 by May 31) (COACHES NEEDED!!!)**

_____ **COACH PITCH T-BALL** Tues./Thurs. (age 6-7) May 30-June 27(1:00-2:00) Practices at **HS field**, Games –TBA at **baseball complex** **\$25.00 7 YEAR OLDS MUST PLAY COACH PITCH UNLESS MINORS ARE IN NEED OF PLAYERS (COACHES NEEDED!!!)**

_____ **MINOR OR MAJOR LEAGUE BASEBALL (TBA) \$25** *If you are interested in coaching please let us know!*

_____ **SOCCER 1:** (k-3rd) Wed., June 5-July 3(1:00-2:00) **HS FIELD \$15**

_____ **SOCCER 2:** (4th-7th) Wed., June 5-July 3 (2:00-3:00) **HS FIELD \$15**

_____ **BASKETBALL 1:**(K-2) Tues/Thur., July 9-July 23(1:00-2:00) **CENTRAL GYM \$15**

_____ **BASKETBALL 2:**(3rd-5) Tues/Thur., July 9-July 23 (2:00-3:00) **CENTRAL GYM \$15**

_____ **BASKETBALL 3:**(6th-9) Tues./Thur., July 9-July 23 (3:00-4:00) **CENTRAL GYM \$15**

_____ **VOLLEYBALL 1:** (K-2nd) Mon., June 10-July 8(1:00-2:00) **CENTRAL GYM \$15**

_____ **VOLLEYBALL 2:** (3rd-5th) Mon., June 10-July 8 (2:00-3:00) **CENTRAL GYM \$15**

_____ **VOLLEYBALL 3:** (6th-9th) Mon., June 10-July 8(3:00-4:00) **CENTRAL GYM \$15**

CHILDS NAME GRADE (AGE FOR T-BALL) PHONE #

TOTAL AMOUNT ENCLOSED: _____

I/We the parents or guardian of the above child, hereby give my/our approval to his/her participation in the Summer Recreation activities. I/We assume all risks and hazards incidental to such participation, including transportation to and from activities.

I/We have indicated below if our child has any illness or limited ability which may require special attention during his/her participation in this program.

NATURE OF DISIBILITY OR ILLNESS: _____

PARENT'S OR GUARDIAN'S SIGNATURE: _____

I WOULD BE INTERESTED IN COACHING: (CIRLCE)

T-BALL

COACH PITCH

MINORS

MAJORS

NAME AND CONTACT NUMBER FOR COACHING: _____
