



## Ely Parks & Recreation Announces Youth Soccer & Baseball Programs Schedule

### *Youth Spring Soccer 4 & 5 Year Olds*

**Registration:** Jan. 26 through March 13, 2015

*Players must be 4 or 5 by March 13. League is limited to 48 players.*

**Cost:** \$30.00 Ely resident \$35.00 for Non-Ely resident. Each player will receive a team shirt & ball.

**When:** April 6 - May 4, Monday evenings 6:00 p.m. until 6:45 p.m. Two weeks of practice. Three weeks of games.

**Where:** Ely Community Center, 1570 Rowley St. Coaches & volunteers are needed.

For more information contact Stephanie Mai 319-361-5240.



### *Youth Baseball Program*

**Registration:** Feb. 2 through March 5, 2015

**T-Ball:** Pre-K 5 year olds/Kindergarten.

**Single A (Coach Pitch):** 1<sup>st</sup>, 2<sup>nd</sup> & skill based 3<sup>rd</sup> grade.

**Double A (Player Pitch):** Skill based 3<sup>rd</sup>, 4<sup>th</sup> and 5<sup>th</sup> grade.

**Triple A (Player Pitch):** 6<sup>th</sup>, 7<sup>th</sup> and 8<sup>th</sup> grade.

Teams will participate in the Prairie Youth Baseball League. Practice begins late April at Ely City Park.

**Games:** Week of May 11<sup>th</sup> through July 1. Games will be played at Ely City Park, Walford and College Community Campus.

**Cost:** \$70.00 - Each player will receive a team shirt, pants, hat & socks.

For more information contact Jeff Hilleman 319-350-2747

Baseball uniform try on will be Monday, February 23<sup>rd</sup> from 6-8:00pm and Thursday, March 5<sup>th</sup> from 6:30-8:00pm at the Prairie High School Study Hall. For more information call Ely City Hall 319-848-4103 or email [elyparks@gmail.com](mailto:elyparks@gmail.com).



Registration forms for Youth Soccer & Baseball are both available at Ely City Hall or [www.elyiowa.com](http://www.elyiowa.com)



CITY OF ELY  
1570 ROWLEY STREET  
P O BOX 248  
ELY, IOWA 52227  
319-848-4103  
[elyparks@gmail.com](mailto:elyparks@gmail.com)

## 2015 Youth Baseball Program

**T-BALL** Pre K & Kindergarten (5-6 yr olds by 6/30/15)

**SINGLE A** (Coach Pitch) 1<sup>st</sup>, 2nd & skill based 3<sup>rd</sup> grade

**DOUBLE A** (Player Pitch) Skill based 3<sup>rd</sup>, 4<sup>th</sup> & 5<sup>th</sup> grade

**TRIPLE A** (Player Pitch) 6<sup>th</sup>, 7<sup>th</sup> & 8<sup>th</sup> grade

*Registration opens February 2 and ends March 6, 2015*

**The program is an all inclusive opportunity for boys and girls. It is encouraged all participants be at a skill level and ability to safely compete in the player pitch level.**

CHILD'S NAME \_\_\_\_\_ GENDER \_\_\_\_\_ D O B \_\_\_\_\_

RATE YOUR CHILD'S SKILL LEVEL:    Beginner            Some Experience            Advanced

PARENT/GUARDIAN \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL-PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

**PROGRAM FEES:** \$70.00

**UNIFORM:** Players receive a team shirt, pants, hat and \*socks (\*not T-ball players).

**EQUIPMENT:** Players need to have a glove. Plastic cleats are optional. Metal cleats are prohibited.

**PRACTICE:** late April at Ely City Park, 1635 Hillcrest Street. **GAMES:** May 11<sup>th</sup> thru July 1, 2015

Circle shirt size needed: **YOUTH** - XS    S    M    L    XL        **ADULT** - S    M    L

Circle pant size needed: **YOUTH** - XS    S    M    L    XL        **ADULT** - S    M    L

**PERMISSION TO PARTICIPATE:** I, \_\_\_\_\_ give my child, \_\_\_\_\_, permission to participate in the program set forth by City of Ely Parks and Recreation Department. I realize that this program is run by volunteers and will not hold anyone personally liable in the event of accidental injury of my child.

**PERMISSION TO BE PHOTOGRAPHED:** I DO \_\_\_\_\_ DO NOT \_\_\_\_\_ give permission for my child/me to be photographed for the following uses: Future publicity, including posters, flyers, local newspapers & the City of Ely website.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Medical Release Form on back of this registration must be complete for child to participate.  
Return to City of Ely along with your registration fee.**

Would you like to be a head coach?    YES \_\_\_\_\_    NO \_\_\_\_\_

Would you like to assist the coach?    YES \_\_\_\_\_    NO \_\_\_\_\_

Would you like to be a team parent?    YES \_\_\_\_\_    NO \_\_\_\_\_

Would you like to sponsor a team? If interested please ask for details. Jeff Hilleman 319-350-2747



City of Ely  
1570 Rowley Street  
P O Box 248  
Ely, Iowa 52227  
319-848-4103

[elyparks@gmail.com](mailto:elyparks@gmail.com)

**THIS FORM MUST BE FILLED OUT AND SIGNED BEFORE YOUR CHILD MAY PARTICIPATE.**

## EMERGENCY TREATMENT RELEASE FORM

PARTICIPANT'S NAME \_\_\_\_\_ BOY / GIRL D O B \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_ PHONE : (\_\_\_\_) \_\_\_\_ - \_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

FATHER \_\_\_\_\_ PHONE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ CELLPHONE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

MOTHER \_\_\_\_\_ PHONE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ CELL PHONE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

FAMILY PHYSICIAN \_\_\_\_\_ CITY \_\_\_\_\_ PHONE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### **SPECIFY MEDICAL ALLERGIES, CHRONIC ILLNESSES OR OTHER CONDITIONS:**

### **OTHER CONTACT IN CASE OF EMERGENCY:**

NAME: \_\_\_\_\_ RELATION: \_\_\_\_\_ PHONE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\*\*\*\*\*

As parent and/or guardian if I cannot be located, I do hereby give my permission to an authorized representative of the Ely Parks and Recreational Department to obtain professional medical attention for my child in case of illness or injury. I understand that **I am** responsible for all costs involved.

I do hereby authorize treatment by a qualified and licensed physician of the following minor in the event of a medical emergency which, in the opinion of the attending physician, is needed. This authority is granted only after a reasonable effort has been made to reach me.

NAME OF MINOR CHILD \_\_\_\_\_

THIS RELEASE FORM IS COMPLETED AND SIGNED OF MY OWN FREE WILL WITH THE SOLE PURPOSE OF AUTHORIZING MEDICAL TREATMENT UNDER MEDICAL EMERGENCY CIRCUMSTANCES IN MY ABSENCE.

SIGNED: \_\_\_\_\_

RELATIONSHIP-CIRCLE ONE: FATHER

MOTHER

LEGAL GUARDIAN



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P O BOX 248  
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## 2015 Youth Spring Soccer League (4 & 5 year olds)

*Registration opens January 26 and ends March 13, 2015*

CHILD'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_ BOY/GIRL (circle)

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMAIL  
ADDRESS \_\_\_\_\_

PROGRAM FEES - **Resident:** \$30.00 per child  
**Non-resident:** \$35.00 per child  
Each player will receive a team shirt and a soccer ball.

League will be held at the Ely Community Center located at 1570 Rowley Street each Monday night beginning April 6 through May 4, 2015. Start time 6:00 p.m. and end time 6:45 p.m. Child must be 4 or 5 by April 6, 2015. Two weeks of practice and three weeks of games.

\*\*\*\*\*SHIN GUARDS ARE RECOMMENDED\*\*\*\*\*

**Circle tee-shirt size needed:**                      **Youth**  
   S 4-5   M 6-8   L 8-10

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Future publicity, including posters, flyers, local newspapers and the City of Ely website.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Medical Release Form on back of this registration must be complete for child to participate.**  
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WOULD YOU BE INTERSTED IN COACHING? \_\_\_\_\_ Please let us know how you would like to do to help.



City of Ely  
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319-848-84103  
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### EMERGENCY TREATMENT RELEASE FORM

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PARENT/GUARDIAN NAME \_\_\_\_\_ PHONE : (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_  
FATHER \_\_\_\_\_ PHONE: \_\_\_\_/\_\_\_\_/\_\_\_\_ CELL PHONE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MOTHER \_\_\_\_\_ PHONE: \_\_\_\_/\_\_\_\_/\_\_\_\_ CELL PHONE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
FAMILY PHYSICIAN \_\_\_\_\_ CITY \_\_\_\_\_ PHONE: \_\_\_\_/\_\_\_\_/\_\_\_\_

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SIGNED: \_\_\_\_\_  
RELATIONSHIP-CIRCLE ONE: FATHER MOTHER LEGAL GUARDIAN