



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# BATTER UP! WIFFLE BALL HOME RUN DERBY

HARRISON FAMILY YMCA

Saturday, April 6<sup>th</sup> | 2-4 p.m.

at the Rocky Mount Mills NEW Wiffle Ball Field  
next to Topsy Tomato

\$5 Entry Fee



The purpose of this Derby is to introduce the Y's BRAND  
NEW Wiffle Ball League, beginning May 4<sup>th</sup>!

Register for the Derby and the League at  
[HarrisonFamilyY.org](http://HarrisonFamilyY.org) or at the Y

Please see Derby Rules posted online. For more  
information, contact Brett Van Pelt, YMCA Healthy Living  
Director at [bvanpelt@rmymca.org](mailto:bvanpelt@rmymca.org)

# REGISTER HERE!

Participant First and Last Name \_\_\_\_\_ D/O/B \_\_\_\_\_

Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Home Phone \_\_\_\_\_

WAIVER OF LIABILITY: I understand and agree that the Rocky Mount Family YMCA, Inc. (d/b/a Harrison Family YMCA) nor co-sponsoring organizations or their respective chapters, officers, directors, employees, agents, members or volunteers shall assume or have any responsibility or liability for expenses or medical treatment or form compensation for any injury may suffer during or resulting from my participation in this program. I do hereby, for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages that I may have or that may hereafter accrue to me arising out of or in any way connected with my participation in this program. I also represent and warrant that I have been advised to seek consultation from my doctor about whether I can safely participate in this program and whether there are precautions or limitations to my participation.

**Participant Signature and Date**

---