

# Parents' Code of Ethics

- I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game, practice, or other youth sporting events.
- I will place the emotional well-being of each child ahead of a personal desire to win.
- I will support the coaches and officials working with my child to encourage a positive and enjoyable experience for all.
- I will demand a sports environment for my child that is free from drugs, tobacco, and alcohol and will refrain from their use at all Greenville Recreation and Parks Department's youth sports events.
- I will remember the game is for youth not adults.
- I will help my child enjoy the youth sports experience by doing whatever I can, such as being a respectful fan, assisting with coaching or character development, or providing transportation.
- I will treat other players, coaches, fans, and officials with respect.

I hereby pledge to provide positive support, care, and encouragement for my child participating in GRPD's youth sports by following the Parents' Code of Ethics. I understand that failure to comply could result in my suspension from youth sporting events.

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Date

# Volunteer Coach's Application

Please complete if you would like to be a volunteer coach and make plans to attend our coaches' training.

make plans to attend our coaches training.		
Name:		
Email Address:		
Phone Number:		
Child's Name		
Child's Age Group:		
Assistant Coach:		
Assistant's Child:		



#### RECREATION AND PARKS

The Greenville Recreation and Parks Department (GRPD) is currently accepting registration for the 2023 Greenie League season.

### How to register:

Mail completed form with check to:

Greenville Recreation & Parks Department

c/o Athletics

PO Box 7207

Greenville, NC 27835 Make checks payable to GRPD.

- Online at greenvillenc.gov
- In person at the following facilities:
  - H. Boyd Lee Park (252) 329-4550
  - o Jaycee Park (252) 329-4567

Registration must be received by March 18.

Requests for team placements will not be accepted.

Visit greenvillenc.gov for more information about upcoming programs.

### Greenville Little Leagues Baseball

9–12-year-old players must live within the boundaries served by Greenville Little Leagues (GLL) to be eligible. Contact GLL Commissioner Brian Weingartz at <a href="mailto:baawein@aol.com">baawein@aol.com</a> with any questions.



# Mini Fry T-Ball

**2025** Registration



For additional information, please call the Athletics Office at (252) 329-4550.



# GREENIE LEAGUE T-BALL: 4 YEAR OLDS (MINI FRY)

**Description:** This program is a co-sponsored by Greenville Recreation & Parks and Greenville Little League open to boys and girls. Mini Fry T-Ball is a parent and child program where baseball skills are taught in a fun, non-competitive environment. Informal games will be played at the end of the season. Participants are required to provide their own baseball glove; all other equipment will be provided.

Location: H. Boyd Lee Park and other sites as needed.

Ages: 4 (Age as of August 31, 2025)

Days, Times, Dates: Saturdays, May 10–June 21. Practice and game times will be between 9:00 AM–1:00 PM. Coaches will contact players about the time and location of the first practice for Saturday, May 10. If a call is not received by Friday, May 9, please call the Athletic Office at (252) 329-4550.

Fee: \$35 participation fee (includes T-shirt)

Registration: Accepted February 3–March 17.

## **COACHES**

An important component of our program is our volunteer coaches. Each team will need a head coach and an assistant coach. Please consider coaching your child's team. For more information, please contact (252) 329-4550.

Mini Fry: Coaches meeting will be Thursday,

April 24, 6:00 PM at H. Boyd Lee Park.



### 2025 Mini FryT-Ball

Name:				
	First	Last		
Birth date (MM/DD/YR): _ / _/_ Age as of 8/31/25:				
Address:				
City:		Zip Code:		
Phone:		Alternate:		
Email:				
Emergency Contact (Phone Number & Name):				
Medical Information (allergies, special meds, etc.):				
Please check here if you wish to be contacted regarding ADA				
accommodations to participate in this program:				

### Permission, Release, and Assumption of Risk

I, as parent, guardian, or legal representative of the below identified youth participant ("Participant"), in consideration of being allowed to participate in YOUTH BASEBALL sponsored by the City of Greenville, Greenville Recreation and Parks Department (collectively the "City"), and & Greenville Little Leagues hereby assume, on my behalf and Participant's behalf, any and all known, unknown, and unanticipated risks and hereby release, indemnify, and hold harmless the City, Greenville Little League their officials, officers, employees, agents, consultants, and volunteers from any and all claims, demands, lawsuits, actions, proceedings, or liability caused by an accident, injury, damage or other occurrence resulting in bodily injury, death, sickness, disease, or exposure to, and illness from, an infectious disease, or damage to person or property in any nature whatsoever in connection participation in the Program. I, individually, and on behalf of Participant, intend this Permission, Release, and Assumption of Risk to be binding not only for myself and Participant, but also on our heirs, executors, administrators, successors, or assigns, legal representatives, and any other persons who may act on my behalf or on behalf of Participant. For the safe enjoyment of this Program by all participants, the City has established rules, regulations, terms, and conditions ("Program Rules"). I, individually, and on behalf of Participant, acknowledge receipt and understanding of all Program Rules and willingly agree to comply with and abide by the Pro- gram Rules. I, individually, and on behalf of Participant, further understand and agree that the City in its sole discretion may immediately dismiss Participant and/or me from the Program for a violation of any Program Rule. I, individually, and on behalf of Participant, hereby grant permission to the City to use, for promotional purposes, photographs and video images taken of Participant and/or me while participating in this Program. In the event that the Participant is injured, and I cannot be contacted, I hereby give permission to the physician or medical personnel selected by the City staff or volunteers to hospitalize, secure proper treatment or medication for, and to take whatever medical actions are necessary to treat the Participant, and I authorize the physician or medical personnel selected to provide treatment deemed necessary by them.

rent/Guardian's Name (Please Print)	Date

Date

Parent/Guardian's Name (Signature)