

CITY OF SAN DIMAS
PARKS & RECREATION DEPARTMENT



SUMMER 2026 - SPRING 2027

LEARN SPORTS BASICS FOR CHILDREN

PIONEER PARK | AGES: 4 – 7

**T-BALL, FLAG FOOTBALL,
BASKETBALL & SOCCER**

Mighty Mites Challenge

City of San Dimas Parks & Recreation Department
(909)394-6230



- *Accepting the first 30 participants. 10 kids per package.
- *Includes practices, games, shirts, and pictures for each sport your child attends.
- *Child must be at least 4 years of age prior to their first practice.
- *Sign Up at the San Dimas Parks & Recreation Front Desk (245 E. Bonita Ave.) and bring your child's birth certificate.**
- *Please refrain from signing up your child for a Mighty Mites Sport if they reach 8 years of age during this season.

ALL-STAR PACKAGE (All 4 Sport Programs)	IRON-KID PACKAGE (3 Sports Programs)	CHALLENGER PACKAGE (2 Sports Programs)
\$220	\$165	\$110

Program Schedules (Tentative Dates)

**All practices are divided into two sessions. **

**The first session is organized by age groups: one for 4-5-year-olds and another for 6-7-year-olds. After the first session, all future sessions will be organized by teams. **

T-BALL	FLAG FOOTBALL	BASKETBALL	SOCCER
<p>Practices: Tuesday, June 16 Tuesday, June 23 Saturday, June 27</p> <p>Games: Tuesday, June 30 Tuesday, July 7 Saturday, July 11 Tuesday, July 14 Tuesday, July 21 Saturday, July 25</p> <p>Tuesday's Times: 4:15pm – 5:00pm 5:15 – 6:00pm</p> <p>Saturday's Times: 8:00am – 8:50am 9:00am – 9:50am</p>	<p>Practices: Tuesday, September 1 Saturday, September 5 Tuesday, September 8</p> <p>Games: Saturday, September 12 Tuesday, September 15 Tuesday, September 22 Saturday, September 26 Tuesday, September 29 Saturday, October 3</p> <p>Tuesday's Times: 4:15pm – 5:00pm 5:15 – 6:00pm</p> <p>Saturday's Times: 8:00am – 8:50am 9:00am – 9:50am</p>	<p>Practices (Tuesdays Only): Tuesday, January 5 Tuesday, January 12 Tuesday, January 19</p> <p>Games (Saturdays Only): Saturday, January 23 Saturday, January 30 Saturday, February 6 Saturday, February 13 Saturday, February 20 Saturday, February 27</p> <p>Tuesday's Times: 5:30pm – 6:15pm 6:30pm – 7:15pm</p> <p>Saturday's Times: 8:00am – 8:50am 9:00am – 9:50am</p> <p>*Located at Lone Hill Middle School Gym*</p>	<p>Practices: Tuesday, April 6 Saturday, April 10 Tuesday, April 13</p> <p>Games: Saturday, April 17 Tuesday, April 20 Saturday, April 24 Tuesday, April 27 Tuesday, May 4 Saturday, May 8</p> <p>Tuesday's Times: 4:15pm – 5:00pm 5:15 – 6:00pm</p> <p>Saturday's Times: 8:00am – 8:50am 9:00am – 9:50am</p>

*****Please keep this page for reference on program dates. If you have a special accommodation request, it must be submitted prior to the start of the season. All request goes under review with the Parks and Recreation Supervisor. Be sure your registered account is set to receive emails. *****



ALL-STAR PACKAGE (All 4 Sport Programs)	IRON-KID PACKAGE (3 Sports Programs)	CHALLENGER PACKAGE (2 Sports Programs)
\$220	\$165	\$110

Choose Sports Program:

- All-Star Package (4 Sports)
- Iron-Kid Package (3 Sports)
- Challenger Package (2 Sports)

Choose Desired Sports:

- T-Ball (June 16th – July 25th)
- Flag Football (September 1st – October 3rd)
- Basketball (January 5th – February 27th)
- Soccer (April 6th – May 8th)

Participant Name: _____ DOB: ____/____/____ Age: _____

Email: _____

Parent/Guardian: _____ Home Phone: (____) _____ - _____

Address: _____ Cell Phone: (____) _____ - _____

Minor Release Form (must be signed for minor) T- Shirt Size: Youth: S M L Adult: S M L

I give permission for the minor in my custody to participate in the above mentioned activity, and I hereby release and discharge in advance the City of San Dimas, its officers, agents, employees, or any volunteers who may assist in said direction from and against any and all liability arising out of, or connected in any way with said minor’s participation in said activity.

I further agree to direct my child to conform to the fullest with the instructions of the recreation officials in charge.

Family Physician: _____ Telephone: (____) _____ - _____

Insurance Company: _____

Group #: _____ Coverage Type: _____

Participant’s Medical History: (Epilepsy, Diabetes, Allergies, etc...) _____

Emergency Numbers (other than parents)

1. _____ Phone: (____) _____ - _____

2. _____ Phone: (____) _____ - _____

Consent to Treatment of Minor (must be completed for minor)

In the event of sudden illness, accident or injury which may occur while said minor is engaged in an activity supervised by the City of San Dimas and its employees or volunteers, when neither the parents, guardians, or designated family physician can be contacted, I hereby give my consent pursuant to California Civil Code #25.8 for emergency treatment, as shall be necessary under the circumstances by any physician licensed under the Laws of the State of California.

Parent/Guardian Signature: _____ Date: _____