



TRI-CITY BLUE
AMERICAN LEGION BASEBALL
2008 REGISTRATION

DEAR PARENTS AND PLAYERS:

This brochure provides basic information about the Tri-City Baseball program, including parent involvement, team structure, and registration / tryout dates and times. We are looking forward to another successful baseball season and hope that you will be a part of that season!

PROGRAM / COMMITMENT

This 16 through 19 year-old program provides an opportunity to play baseball in an environment that encourages development of fundamental skills in a team setting. It is a competitive but enjoyable way to spend the summer. Please remember that registration represents a commitment to coaches and teammates to attend practices and games. If you are planning to play in another league, please remember to complete that respective section of this registration form.

PARENT INVOLVEMENT

Most youth sport organizations require parental involvement to make the program a success. Our program is no different. As parents, you may be asked to participate by making a commitment to assist with league or team activities.

TEAM STRUCTURE, ELIGIBILITY & SCHEDULE

The team's program is governed by National and Minnesota American Legion Baseball rules. Rostered players are selected based upon age and level of play. Please make special note of the commitments involved. Each player who registers will be contacted by a coach or league director following tryouts, advising them of their status.

AMERICAN LEGION: This league is for 16-19 year-olds (for the 2008 season, those born on or after January 1, 1989 are eligible), who reside in the area surrounding St. Anthony Village High School. Registrants must be committed to a minimum of four or five days per week for practices and games. The Tri-City Blue American Legion team plays a competitive District 10, North Hennepin League schedule and participates in weekend tournaments (requiring out-of-town travel) and non-conference games. The regular season begins in May or early June and continues through July. The State and National playoff tournaments take place in August. Weekday league games usually start at 6:15 p.m. Specific schedule information will be provided as the season approaches.

REGISTRATION & TRYOUTS

All players must attend a registration and tryout session to be considered for the Legion team, as follows:

**St. Anthony Village High School,
3303 33rd Avenue N.E. (baseball field)**

**Sunday, May 4, 2008,
12 Noon – 3:00 p.m.**

All registrants must bring **1)** legal proof of birth date (e.g., birth certificate), **2)** a fully completed registration form, and **3)** registration fee of \$225.00 (checks made payable to Tri-City Baseball.) Registrants must also be accompanied by at least one parent. Those who cannot attend this registration session should contact Thad Weber (612-616-0946) or Tyler Johnson (612-998-4455) to make other arrangements. Please note that registration fees cannot be refunded after tryouts have been completed! Please also note that, in addition to the registration fee, players and parents will be expected to contribute and/or participate in fundraising activities to meet total program expenses, as necessary.

Follow Tri-City Baseball at www.tricitybaseball.org

**TRI-CITY BLUE AMERICAN LEGION BASEBALL
2008 REGISTRATION FORM / WAIVER AND MEDICAL RELEASE**

PLAYER INFORMATION :

(PLEASE PRINT CLEARLY !!!)

Last Name: _____ First: _____ Initial: _____

As of 3/31/08,

Address: _____

City, State, ZIP: _____

Home Phone: _____ Player's E-mail: _____

Cell Phone: _____ Birthdate: Month _____ Day _____ Year _____

As of 3/31/08: _____ Grad _____

School Attending: _____ School Dist: _____ Year: _____

PARENT INFORMATION:

1) Full Name: _____ Home Phone: _____

E-mail _____
Address(es): _____ Cell Phone: _____

2) Full Name: _____ Home Phone: _____

E-mail _____
Address(es): _____ Cell Phone: _____

(use reverse side if additional space is needed)

REFUND POLICY: \$75.00 minimum charge if player quits prior to, or during, tryouts. NO REFUNDS after tryouts are completed.

WAIVER & MEDICAL RELEASE

I/We, as parents/guardians of the above named player, hereby give permission to the above named player to participate in any and all American Legion activities and functions authorized by the American Legion Baseball program / league, including player/team publicity activities. I/We as parents/guardians assume all risks incidental to participation, including transportation to and from activities and functions. Further, I/We waive, release, indemnify and agree to hold harmless the American Legion, its baseball program, league, districts, sponsors, organizers, supervisors, coaches, participants and other program associates for any claim arising out of an injury or harm to my/our child, except to the extent such a claim is covered by accident or liability insurance.

I/We agree to return, upon request, all uniforms and equipment issued to my/our child in the same condition as when received, except for normal wear and tear. Tri-City Baseball equipment officials shall be the final determination for normal wear and tear. I/We agree to reimburse Tri-City Baseball for all costs to repair and/or replace damaged uniforms and equipment.

I/We agree to furnish proof of age for the above named player at the time of registration. I/We understand that this is an annual requirement of Tri-City Baseball and the falsification of such documentation shall be the basis for removal from play, without recourse.

Family Physician: _____ **Phone:** _____

Address: _____

In the event medical treatment is required, please list any allergies or diagnosed medical conditions below of which Tri-City American Legion program / league should be aware. Also list any medications player is taking/required to take:

In case of emergency, I/We hereby authorize a representative of the Tri-City American Legion program / league to obtain medical attention for my/our child as appropriate, including the administration of general anesthesia.

Parent/Guardian Signature(s) **Date**

DOUBLE-ROSTERING: No player is permitted to participate on Tri-City American Legion teams while rostered on another team. If trying out for another team, list it below. (No refunds will be considered, if you fail to provide this info.)

Team: _____

FOR REGISTRATION USE ONLY: DO NOT WRITE IN THE SPACE BELOW

TRY-OUT NUMBER: _____ PROOF OF AGE: _____ PAYMENT: \$ _____ CHECK NO.: _____