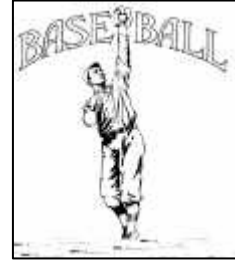




TRI-CITY BASEBALL



2008 SUMMER BASEBALL

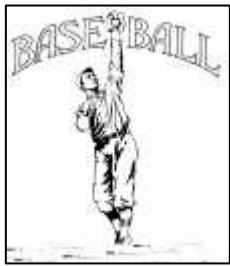
REGISTRATION INFORMATION & FORM

FOR

**TRI-CITY
AMERICAN LEGION BASEBALL**

(Mounds View School District 621 area)

www.tricitybaseball.org



TRI-CITY
AMERICAN LEGION BASEBALL
2008 REGISTRATION

DEAR PARENTS AND PLAYERS:

Basic information about the Tri-City American Legion Baseball program, including parent involvement, team structure, and registration / tryout dates and times, is shown below. 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 provide an opportunity to play baseball in an environment that encourages development of fundamental skills in a team setting. It is a very 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 planning to tryout for / 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.

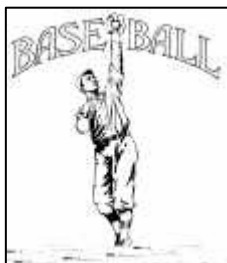
TEAM STRUCTURE, ELIGIBILITY & SCHEDULE

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 will be contacted via phone or e-mail by a coach or league manager following tryouts, advising status. (Tryout schedule information is included in this packet.)

AMERICAN LEGION: This league is for 16-19 year-olds (those born on or after January 1, 1989), who attend a Mounds View area school or who live in the general vicinity. Registrants must be committed to a minimum of five to seven days per week for practices and games. The Tri-City American Legion program plays a highly-competitive District 4 league schedule and participates regularly in weekend tournaments and non-league games (requiring out-of-town travel). The regular season begins in late-May or early-June and continues through July. The State and National playoff tournaments take place in August; registrants should expect that they will still be playing in August. League games are generally played Sunday through Thursday, and usually start at 6:00 p.m. at metro-area ball fields. More specific schedule information will become available as the season approaches.

REGISTRATION & TRYOUTS

All prospective players must attend at least one registration and tryout session to be considered for the Tri-City American Legion program. At registration, all registrants must bring 1) legal proof of birth date (e.g., an original birth certificate), 2) a fully-completed registration form, and 3) the tryout fee (\$25.00); checks should be made payable to Tri-City Baseball.) Registrants must also be accompanied by at least one parent. Those who cannot attend one of the registration sessions should contact Jeff Larsen at (651) 581-4825 to make other arrangements. Please note that tryout fees are non-refundable. Prospective players must then attend at least one tryout session. For those who are selected for the team, the remaining portion of the registration fee (\$350, for a total payment of \$375 for 2008), will then be immediately due; instructions for payment will be provided at that time. (Please note that players and parents are also expected to participate in additional fundraising activities to meet program expenses.)



**TRI-CITY
AMERICAN LEGION BASEBALL
2008 REGISTRATION**

- WHO?** All youth born on or after January 1, 1989 – who live in and/or attend school in Mounds View School District #621. (See attached area map. Please contact the program/league directors if you have specific questions about eligibility.)
- WHEN?** Saturday, April 5, 2008 from 12 noon - 1:00 p.m. OR
Saturday, April 12, 2008 from 12 noon - 1:00 p.m.
- WHERE?** Tri-City American Legion Post 513
400 Old Highway 8
New Brighton , MN 55112
651-631-1124
- COST?** \$375.00 (A tryout fee payment of \$25.00 must accompany the registration form. The remaining amount of \$350 will be immediately due following tryouts.)
- WHAT TO BRING?** The following items will be required at the time of registration.
- Proof of birth date (e.g., birth certificate)
 - Check made payable to **TRI-CITY BASEBALL**
 - Completed **REGISTRATION FORM**, including signatures

TRYOUTS

Team selection will be based on play during the high school season, as well as performance during tryouts. Tryouts are scheduled as follows:

ALL PLAYERS MUST ATTEND AT LEAST ONE TRYOUT TO COMPLETE THE REGISTRATION PROCESS AND BE CONSIDERED FOR PLACEMENT. PLAYERS MUST WEAR PANTS DURING TRYOUTS; NO SHORTS WILL BE ALLOWED.

**Irondale High School
2425 Long Lake Road, New Brighton**

16-19 Year Olds	Sunday, April 27, 2008	12:00 p.m. - 3:00 p.m.
16-19 Year Olds	Sunday, May 4, 2008	12:00 p.m. - 3:00 p.m.

FOR THOSE SELECTED, THE REMAINDER OF THE SEASON'S REGISTRATION FEE WILL BE DUE FOLLOWING THE COMPLETION OF TRYOUTS.

REGISTRATIONS CANNOT BE ACCEPTED AFTER TRYOUTS. IF OTHER ARRANGEMENTS ARE NECESSARY, SUCH ARRANGEMENTS MUST BE MADE BEFORE TRYOUT DATES. IF YOU HAVE QUESTIONS, PLEASE CONTACT JEFF LARSEN AT (651) 581-4825.

Follow Tri-City Baseball at www.tricitybaseball.org

**TRI-CITY 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: The 25.00 tryout fee is non-refundable. Following team selection, once paid and a participation commitment is verbally made to the team, the remaining portion of the total registration fee is also non-refundable.

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 Baseball activities and functions authorized by the American Legion Baseball program, 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 program, and associated association/leagues/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 Baseball 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, association/leagues 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 in the Tri-City Legion program 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 and are later disqualified from play.)

Team: _____

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

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