

# Fall Ball Registration

Goddard Jr. Baseball/Softball League

(Goddard Jr Baseball is **NOT** a part of USD 265)

[www.goddardballleague.org](http://www.goddardballleague.org)

**The objective of the Fall Ball Program has been designed to allow players to enhance the skills that are needed for those moving up, give players more experience and just to have fun learning the game.**

Fall Ball Registration is open to any child ages 5-16. The season will run Aug 24th - Oct 12th.

Each team will have 1 game each Sunday for 8 weeks. (weather permitting)

Players should register in the division they will be in **next** season.

- \* Standings will not be kept
- \* No end of the season tournament.
- \* Only one umpire per field.
- \* Game time limits and rules will be the same as the regular season
- \* We will play as long as the weather permits, there will not be any rain out make up games.

Please complete both pages of the registration form. The form must be signed by the child's parent/legal guardian. Information is needed for insurance. **A copy of each child's birth certificate must be given to your child's coach before your child's first game.**

**Registration Deadline: June 20th 2014**

**Fee: \$50.00 per child**

**Late Registrations:** Registrations postmarked **after June 23rd** are \$80.00 per child

Late Registrations will be on a first come, first serve basis. Placement is not guaranteed, but every effort will be made to place every kid on a team. Fees will be returned in full if child is not placed on a team.

**Make checks payable to: Goddard Jr. Baseball**

**Mail To: Goddard Jr. Baseball PO Box 656, Goddard, Ks 67052**

## **Rules / Policies of Goddard Jr. Baseball/Softball League & USD 265**

- \*No Alcoholic beverages allowed on USD 265 grounds, this includes all parking areas.
- \*No tobacco products on USD 265 grounds.
- \*Do not leave your children unattended. Children must be under adult supervision at all times.
- \*Do not climb, hang, or deface trees or shrubs, fences, playground equipment, dugouts and buildings.
- \*Do not throw rocks.
- \*Pets are to be on a leash, cleaned up after, and are to remain outside the fenced playing fields.
- \*Please place your trash in the nearest receptacle.
- \*Good Sportsmanship is expected at all times. Spectators may cheer in a positive manner only, derogatory comments will not be tolerated.
- \*Illegally parked cars will be towed at the owner's expense.
- \*Please use caution driving down Walnut Street, many kids cross quickly at any time.

**Failure to adhere to the following rules/policies will result in the delay of the game until violators have left the grounds. If violators fail to leave the USD 265 grounds, the game will result in a forfeit for the friends and/or family of the violators!**

**\*\*\*Zero tolerance is in effect at all times for players, spectators, and coaches.\*\*\***

**NO WARNINGS WILL BE ISSUED.**

(Keep this page for your information)

# Registration Form

**\*\*\*\*\*Players should register in the division they will be for next season.\*\*\*\*\***

**Boys Baseball – please mark with “X” which age division your son is in**

T-ball (5-6)	Machine Pitch (7-8)	Age 9-10	Age 11-12	Age 13-14	Age 15-16

**Girls Softball – please mark with “X” which age division your daughter is in**

T-ball (5-6)	Machine Pitch (7-8)	Age 9-10	Age 11-12	Age 13-14	Age 15-16

**Child's Name:** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_ **Age as of 5/01/2014** \_\_\_\_\_ **Sex: M / F**

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Work Phone** \_\_\_\_\_ **Cell** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Work Phone** \_\_\_\_\_ **Cell** \_\_\_\_\_

**Email** \_\_\_\_\_ **Grade** \_\_\_\_\_ **School** \_\_\_\_\_

**Health Insurance Co.:** \_\_\_\_\_ **ID#** \_\_\_\_\_

**Special Health Concerns:** \_\_\_\_\_

**Doctor Name:** \_\_\_\_\_ **Doctor Phone:** \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_ **Emergency Phone** \_\_\_\_\_

**Coach Preference** \_\_\_\_\_ **Addtl Team Preference Info** \_\_\_\_\_

**Note to Coaches: We must have coaches to form teams! Are you willing to help teach the \_\_\_\_\_ game to our youth in a positive manner? If so, sign up here**

**Name** \_\_\_\_\_ **Head Coach** \_\_\_\_\_ **Assistant Coach** \_\_\_\_\_

**Email** \_\_\_\_\_ **Phone** \_\_\_\_\_

**If you want to keep your same team as the prior season, please collect all forms and send/drop them off as one packet. Include: your name, phone number(s), and a list of players. Your team will NOT be registered in the league until the team's full payment is received.**

**All registrations are due by June 20th, 2014.**

**Player and Parent/Guardian Waiver, Release and Medical Authorization**

I understand that Baseball/Softball is an extreme test of my child's physical and mental limits. This sport carries with it the potential for serious injury, death and property loss. I agree to assume all the risk of my child's participation in Goddard Jr Baseball. I agree to all of the following for my family, my child, and myself:

- A) I waive, release and discharge from any and all claims or liabilities for personal injury, for death or damages of any kind which may arise out of or relate to my child's and families participation in Goddard Jr Baseball, the following persons and entities: Goddard Jr Baseball, it's directors, employees, coaches, and instructors, parents, players, the City of Goddard, and USD #265.
- B) I agree not to file suit or bring any legal actions against any of the persons and entities listed above.
- C) I indemnify and hold harmless the persons and entities above from any claims made or liabilities assessed against them as a result of my actions.

I hereby authorize any licensed physician, emergency medical technician, hospital or other medical facility to treat my child listed above for the purpose of attempting to treat or relieve any injuries arising out of or relating to my child's participation in Goddard Jr Baseball activities. I authorize any such medical provider to perform all procedures deemed medically prudent in the treatment of my child. I consent to the administration of anesthesia as deemed advisable. I assume all the risk and responsibility for the treatment of my child.

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Parent/Legal Guardian \_\_\_\_\_

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**Mail To: Goddard Jr. Baseball PO Box 656, Goddard, Ks 67052**

OR drop them off at the Goddard Jr Baseball Concession Stand located on the West side of Walnut Street between Clark Davidson School and the USD 265 Bus Barn on **Saturday, June 14th between 9:00AM and 11:00am**

**Visit our website for more details: [www.goddardballleague.org](http://www.goddardballleague.org)**

Questions?? Contact Patty Raney at [praney@goddardballleague.org](mailto:praney@goddardballleague.org) or 316-550-6420

\*\*\*\*\*Return this page with your registration payment\*\*\*\*\*