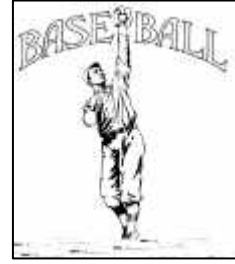




TRI-CITY BASEBALL



2009 SUMMER BASEBALL

REGISTRATION INFORMATION & FORM

FOR

**TRI-CITY BLUE
AMERICAN LEGION BASEBALL**

(Base school: St. Anthony Village High School)

www.tricitybaseball.org



TRI-CITY BLUE
AMERICAN LEGION BASEBALL
2009 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 tryout and/or play in another league, please also 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.

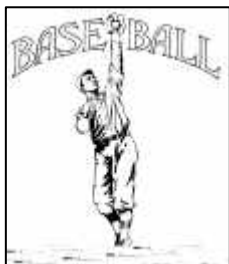
TEAM STRUCTURE, ELIGIBILITY & SCHEDULE

The team's program is governed by National and Minnesota American Legion Baseball rules. Rostered players are selected based upon eligibility (e.g., age, school attendance, residency) 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 (those born on or after January 1, 1990), who attend St. Anthony Village High School (or who live nearer to St. Anthony HS than another high school that is the base school for an American Legion baseball team.) Registrants must be committed to a minimum of four or five days per week for practices and games, including weekends. The Tri-City Blue American Legion team plays a competitive District 10, North Hennepin League schedule and participates in non-conference games, as well as weekend tournaments (which may require out-of-town travel). The regular season begins in early June and continues through July. The State and National playoff tournaments begin in early August. Weekday league games usually start at 6:15 p.m. Specific schedule information will be provided as the season approaches.

REGISTRATION & TRYOUTS

All prospective players must register 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 designated portion of the registration fee (checks should be made payable to Tri-City Blue Baseball.) Registrants must also be accompanied by at least one parent. Those who cannot attend the registration session must contact Thad Weber (612- 616-0946) or Tyler Johnson (612-998-4455) to make other individual arrangements. Prospective players must then attend the tryout session. Please note that registration fees are non-refundable, once tryouts have been held. For those who are selected for the team, the remaining portion of the registration fee will then be immediately due; instructions for payment will be provided at that time. Please note that parents/players may be obligated for additional expenses, such as lodging for out-of-town tournaments, meals, personal item/clothing expenses, etc. Players and parents will also be expected to participate in additional fundraising activities to meet program expenses.



TRI-CITY BLUE AMERICAN LEGION BASEBALL

2009 REGISTRATION

- WHO?** All youth born on or after January 1, 1990 – who attend St. Anthony Village High School (or who live nearer to St. Anthony Village HS than another high school that is the base school for an American Legion baseball team.) Those in college, born on or after 1/1/90, are also eligible, provided they played for Tri-City Blue previously and/or meet all other eligibility requirements. Please contact the program/league directors if you have specific questions about eligibility.
- WHEN?** Sunday, April 19, 2009; 6:30 - 7:30 p.m.
- WHERE?** Tri-City American Legion Post 513
400 Old Highway 8
New Brighton, MN 55112
- COST?** \$250.00, plus a minimum of \$100 in fundraising contributions.*
A registration down payment of \$125, must accompany the registration form. (Make checks payable to **Tri-City Blue Baseball**.) The remaining amount will be due immediately following tryouts.
- *Note: If a player does not wish to participate in fundraising activities, or does not meet the required minimum of \$100, the registration fee is \$350. Those participating in fundraising efforts, however, also have the opportunity to reduce the cash portion of the registration fee to something less than \$250, by exceeding the minimum fundraising threshold. Further details will be available at registration.
- WHAT TO BRING?** The following items will be required at the time of registration.
- **PROOF OF BIRTHDATE** (e.g., an original birth certificate for inspection)
 - **PAYMENT** of \$125.00 made payable to **TRI-CITY BLUE 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, scheduled as follows:

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

Location: Palm Field, St. Anthony Village High School.
Sunday, May 17, 2009 12:00 Noon – 2:00 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, THEY MUST BE MADE BEFORE THE TRYOUT DATE. IF YOU HAVE QUESTIONS, PLEASE CONTACT THAD WEBER (612-616-0946, tweb31@yahoo.com) OR TYLER JOHNSON (612-998-4455). PLEASE ALSO CHECK THE TEAM WEB SITE FOR ANY POSTINGS AND ADDITIONAL INFO.

Follow Tri-City Baseball at www.tricitybaseball.org

**TRI-CITY BLUE AMERICAN LEGION BASEBALL
2009 REGISTRATION FORM / WAIVER AND MEDICAL RELEASE**

PLAYER INFORMATION :

(PLEASE PRINT CLEARLY !!!)

Last Name: _____ First: _____ Initial: _____

As of 3/31/09,

Address: _____

City, State, ZIP: _____

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

Cell Phone: _____

Birthdate: Month _____ Day _____ Year _____

As of 3/31/09, Grad _____

School Attended: _____ 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: As soon as tryouts have been completed, no portion of the registration fee is refundable. Any registration cancellation / refund requests prior to that date must be made in writing and submitted to info@tricitybaseball.org.

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: While participating in the Tri-City Blue Legion program, players are discouraged from participating on another summer 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.: _____