



TRI-CITY BASEBALL



2014 SUMMER BASEBALL REGISTRATION FORM & INFORMATION

FOR

TRI-CITY RED AMERICAN LEGION BASEBALL

(Base school: Mounds View High School)

League Champs:

1992, 1994, 1995, 1996, 1999,
2000, 2002, 2005, 2006, 2007, 2008
2013

District / Sub-State Champs:

1993, 1994, 1997, 1998, 1999,
2000, 2003, 2004, 2005, 2007, 2012

State Champs:

1993, 1994, 1997, 1999, 2000

Regional Champs:

1997, 1999

National Champs:

1999

Manager & Head Coach:

Steve Grasley, 651-246-0946
stephengrasley@gmail.com

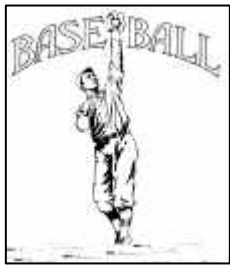
General Business Manager:

Rus Poser, 612-805-5331
rusposer@gmail.com

Team Admin. Manager:

Gail Kalata, 651-592-4279 (c),
651-731-0550 (h), scgj@aol.com
or info@tricitybaseball.org

www.tricitybaseball.org



TRI-CITY RED
AMERICAN LEGION BASEBALL
2014 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 contained herein. Please review it thoroughly and carefully! We are looking forward to another successful baseball season and hope that you will be a part of that season!

PROGRAM, COMMITMENT & PARENT INVOLVEMENT

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 very competitive, but enjoyable, way to spend the summer. Please remember that registration represents a commitment to coaches and teammates to attend all practices and games. While periodic absences for planned family events can be accommodated, it can be difficult to work around regular and/or unplanned absences with respect to team pitching rotations and position player assignments for games; in other words, a lack of responsible participation hurts other teammates and the team as a whole. If planning to tryout for and play in another league, please remember to complete that respective section of this registration form, so that we are aware of potential conflicts that might exist and can plan accordingly.

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

TEAM STRUCTURE, ELIGIBILITY & SCHEDULE

Tri-City Red's program is governed by National and Minnesota American Legion Baseball Rules. Eligible players are those born on or after January 1, 1995, who attend Mounds View High School. (Those who attend another school, but who live within the Mounds View HS attendance boundary and/or nearer to Mounds View HS than another school that serves as a base school for an American Legion baseball team, may also be eligible. Due to such complexities with the American Legion's player eligibility / selection rules, to confirm eligibility, please contact Gail Kalata, Team Administration Manager, providing the player's legal address of residence.) Players are selected based upon their eligibility under American Legion rules (e.g., age, school of attendance, residency) as well as their skill level, playing experience, ability to play specific positions, etc.

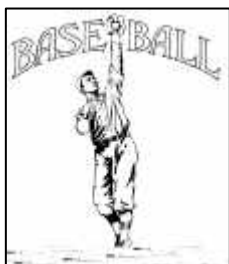
Registrants must be committed to a minimum of five to seven days per week for practices and games. Tri-City Red plays a highly-competitive District 4 league schedule and participates regularly in weekend tournaments and non-league games (requiring out-of-town travel). The regular season begins in early-June and continues through July. The State and National playoff tournaments begin in early August; registrants should expect that they will still be playing in August. League games are generally played Sunday-Thursday, usually starting at 6:00 p.m. at metro ball fields. More detailed schedule information will become available on the team web site, as the season approaches.

REGISTRATION & TRYOUT PROCEDURES

In order to be considered for the team, all prospective players must register, by fully completing this registration form. **Completed forms should be mailed to Tri-City Red Administrator, Gail Kalata (2226 Douglynn Lane, St. Paul, MN 55119) by Friday, April 25, 2014,** so as to be received prior to tryouts.

All registrants must then attend the tryout session (see next page), at which time they must show proof of age (e.g, a driver's license.) After tryouts, each player will be contacted by phone or e-mail regarding his status. For those selected, a registration fee of \$550 will then be payable. (Please note that parents / players may be required to cover additional expenses, such as lodging during out-of-town tournaments, meals, personal items / clothing expense, etc. Players and parents may also be expected to participate in additional fundraising activities to meet program expenses, as well as volunteering their time to help at home games / tournaments.) **An original birth certificate for each rostered player (which will be held by the team during the entire season) will be collected at a subsequent Parent / Player Meeting; thus, parents might wish to obtain an extra original birth certificate for this purpose now.**

Follow Tri-City Baseball at www.tricitybaseball.org



**TRI-CITY RED
AMERICAN LEGION BASEBALL**



2014 REGISTRATION

WHO? All youth born on or after January 1, 1995 – who attend Mounds View High School. (Those who attend another school, but who live within the Mounds View HS attendance boundary and/or nearer to Mounds View HS than another school that serves as a base school for an American Legion baseball team, may also be eligible. Due to such complexities with the American Legion's player eligibility/selection rules, to confirm eligibility, please contact the Gail Kalata [see below], providing the player's legal address of residence.) Those in college, born on or after 1/1/95, are also eligible, provided they played for Tri-City Red last season. Please contact program staff if you have other general eligibility questions.

WHEN? **Completed registration forms should be submitted early enough, so as to be received prior to tryouts, in the event we need to contact you before tryouts. Thus, please submit by Friday, April 25, 2014.**

HOW? **Complete the form below. 1) Print it, sign it manually, and then mail it to Gail Kalata (below) OR 2) Re-save it to your computer with a file name that incorporates your last name, then email it to Gail Kalata.**

Gail Kalata
2226 Douglynn Lane East
St. Paul, MN 55119
651-592-4279 (c), 651-731-0550 (h)
scgj@aol.com OR info@tricitybaseball.org

If you have other questions,
contact Manager & Head Coach:
Steve Grasley
651-246-0946 (c)
stephengrasley@gmail.com

COST? **\$550.00 for 2014**

- Checks are to be made payable to “Tri-City Red Baseball”
- The registration fee will be payable following notification of selection to the team.

OTHER INFO: For those making the team (following tryouts, as outlined below), all players and at least one parent must attend a subsequent Parent / Player Team meeting as well. (Date, time and location of this meeting will be announced, after players are notified that they have made the team.)

- **An original player birth certificate must be supplied at that time, which will be held by the team during the entire season.**
- The registration fee of \$550 will be payable at the Parent / Player meeting as well, if not previously paid.

TRYOUTS

Team selection will be based on eligibility (e.g., age, school attendance, residency), demonstrated ability during the high school season, as well as performance during tryouts. Players must wear pants during tryouts; no shorts will be allowed.

ALL PLAYERS MUST ATTEND THE TRYOUT SESSION TO COMPLETE THE REGISTRATION PROCESS AND BE CONSIDERED FOR THE TEAM.

Tryout Schedule:

(Rain or shine, unless notified otherwise)
Mounds View High School Baseball Field
Sunday, April 27, 2014, Noon - 3:00 p.m.

Registration cannot be accepted after tryouts. If any special arrangements are necessary, they must be made before tryouts are held.

Questions or concerns may be directed to:

Manager & Head Coach, Steve Grasley, at 651-246-0946, stephengrasley@gmail.com or
Team Administration Manager, Gail Kalata 651-731-0550 (h), 651-592-4279 (c); info@tricitybaseball.org.

Please also check the team web site for any postings and additional info.

Follow 2014 Tri-City Red Baseball at www.tricitybaseball.org/2014red.htm

TRI-CITY RED AMERICAN LEGION BASEBALL
2014 REGISTRATION FORM / WAIVER AND MEDICAL RELEASE

PLAYER INFORMATION : (PLEASE COMPLETE FULLY and PRINT CLEARLY !!!)

Last Name: _____ First: _____ MI: _____

Address (as of 3/31/14): _____

City, State, ZIP: _____

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

Player Cell Phone: _____ Birth date: Month _____ Day _____ Year _____

As of 3/31/14, School Attended: _____ Year of Grad'n: _____

2013-14 Grade: _____ Height: _____ Weight: _____ Bats: Right Left Switch
Throws: Right Left

PARENT INFORMATION (Please complete fully; this information will be used to create a master contact list used during the season):

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)

DOUBLE-ROSTERING: No Tri-City Red player is permitted to participate on another team, without Tri-City Red's permission. If trying out for / playing on another team, list it below. (No refunds will be considered, if you fail to provide this information.)

Team / Organization: _____

REFUND POLICY: Under American Legion Rules, the number of players on a team's roster is limited, and players cannot be replaced. Following team selection, once paid and a participation commitment is verbally made to the team, the registration fee is 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, as determined by team management. I/We agree to reimburse Tri-City Baseball for all costs to repair and/or replace damaged uniforms and equipment, as well as any other damage costs assessed to the team for which players were responsible.

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:** _____

Clinic Name / Location: _____

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 Manual Signature (OR TYPE name in **both** blanks above if emailing.)

Date