Maidencreek Township Park & Recreation
Tee-Ball/Coach-Pitch Baseball Season Registration
A non-competitive program for 4 to 10 yr. olds
2014

This **FUN**damental program gives Boys & Girls the opportunity to learn beginning baseball skills and sportsmanship in a **non-competitive** environment. The program will cover basic rules of Tee/Baseball, safety and teamwork. Most importantly, the program includes exercise and the FUN of backyard & Rec. League games.

There will be a 1hr practice 1day/week (Mon.,Tue.,Wed.or Thurs.) and one 1hr weekend game Saturday
Each child will need to wear sneakers, bring a glove, and water bottle.
Parents/Guardians must be present during all practices and games

REGISTRATION MUST BE RECIEVED BY: Friday, February 28th Registration Fee: $30.00 (after 2/28/14 fee is $40.00)
Please make checks payable to: **Maidencreek Township**
Please return registration form and payment to the township office: **P.O. Box 319, Blandon, PA 19510**

February 28th:	**Registration deadline**
Third Week in March:	Tentative notification of practice day to parents/players
First Week in April (day TBD):	The coach's orientation meeting will be held.
Second Week in April:	The coach's will contact all players, with the location/time of practice
April 21nd and run through **June 21rd**:	The season will start and end.
May 3rd, Saturday:	First Game
May 31st or June 7th, Saturday:	All Star Game, League picture with ALL players and coaches, and optional individual pictures at Community Park

Please retain top portion for your reference.

Any questions??? Please e-mail: MaidencreekBC@hotmail.com or call the Township office at (610) 926-4920.

Child's Name (one form per child) _____

Child's Age ___ (Age as of January 1, 2014) **T-Shirt Size** (Youth: S / M / L) **Choose 2 Practice Days** (M /T /W /Thur)
M will be used if not circled OR for LATE Registration
All will be used if not circled OR for LATE Registration

Parent's Name _____ **Phone#** _____

Address _____

E-mail- (important league information/notices are sent via e-mail): _____
☐ Please check if you would like to receive information and notices of all MaidenCreek Township events and programs.

Please choose the division: ***Important! - If not checked- children 6 yrs and under will be put on a Tee-ball team***

☐ **Tee-ball (ages 4 to 6/7)**
Every player fields and bats each inning. No score kept.
Focus on: batting from a 'Tee', base running, throwing, catching and fielding

☐ **Coach-Pitch Baseball (ages 6/7 to 10)**
Every player fields and bats each inning. No score kept.
Focus on: field position responsibilities, double/triple plays, getting outs at all bases, and hitting a pitched ball

• **COACHING VOLUNTEERS ARE NEEDED TO HELP THIS NON-COMPETITIVE LEAGUE**
3 coaches per team provide the best experience for the children, which is **1 coach per 4-5 kids** (co-coach with a friend and neighbor! Be a Coach AND the kids will look-up to you!!). Coaching requires about a 2- 3 hour commitment per week. No coaching experience is necessary. With 3 Coaches, the program can accommodate your work/life schedule.
Coaches receive a shirt and a hat.

☐ I will be a Coach

I would like to coach with:

Choose desired Practice Days.
Priority to Coaches (M /T /W /Thur)

Coaches Name _____ _____ (Shirt size_____) XL will be used if not written
All coaches must complete a background check before the season starts. All coaches will be notified via e-mail for the background check process and for the coaches meeting - please make sure your e-mail address is listed above.

ADDITIONAL VOLUNTEERS ARE NEEDED!!
☐ I will be a Team Parent (help coaches during games/practices: base coach, prepare players to bat, catcher/helper, etc.)

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of Maidencreek Township programs and facilities. Recognizing the possibility of physical injury associated with sports, I hereby release, discharge and/or otherwise indemnify Maidencreek Township, their employees and volunteers, against any claim by or on behalf of the registrant as a result of registrant's participation in the Program.

Parent/Guardian Signature_____ Date _____