

**Application to play Pelham Youth Baseball/Softball 2010**  
**City of Pelham Youth Baseball/Softball**  
**Registration Jan. 16 & Jan. 23 2010**  
**9:00AM-12:00PM**  
**Pelham Parks and Recreation Office**  
**620-6426**

Check# \_\_\_\_\_  
 Receipt # \_\_\_\_\_

Player's Last Name:		Player's First Name:			
Street Address:					
City:		State:		Zip:	
Home Phone Number:					
Birthdate:		League Age:		Male	Female
		Division:			
Participation in Pelham Youth Baseball/Softball requires the ability to run, throw, swing a bat, and catch a ball. Additionally, participation requires the capacity to understand the rules of the game. Does your child have any current condition that limits his/her ability to participate in this activity?				Yes	No
Registration fees for the 2010 season are \$150.00 for the 1 <sup>st</sup> child and \$10.00 less for each additional child. Non-residents need to include their out-of-city fee of \$15.00/child (not to exceed \$30.00/family) with their registration fees and information sheet. A check or money order made payable to the City of Pelham should be included with the registration form. <b>A late fee of \$25.00 will be charged for any participant registering after 01-31-10.</b>					
I/We want our child to play down a division for one more year, regardless of how he/she is rated during the player evaluation. <b>I further understand he/she will not be eligible to participate in All-Stars, nor will he/she be able to play in the position of pitcher or catcher. Other rules may apply according to each division.</b>				N/A	Yes
I/We, the parent(s) of the above named candidate for a position on a Pelham Youth Baseball/Softball team, hereby give my/our approval to participate in any and all Pelham Youth Baseball/Softball activities, including transportation to and from the activities.				Yes	No
I/We know that participation in baseball/softball may result in serious injuries, and protective equipment does not prevent all injuries to players. I/we do hereby waive, release, absolve, indemnify, and agree to hold harmless the City of Pelham, the organizers, sponsors, participants, and persons transporting my/our child to and from activities for any claim arising out of any injury to my/our child, whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance.				Yes	No
I/We also understand the Refund Policy: <b>No refund will be made after a team assignment has been given. If a player requests refund prior to team assignment, 70% of the registration fee will be refunded.</b>				Yes	No
I/We, the parents or guardians of the above named candidate, if selected as an All-Star, agree to have our child attend all team functions. There will be no exceptions to this rule.				Yes	No
I <b>DO NOT</b> want my child to play for the following coach:		Coach Reason			
List any email addresses at which you would like to receive league or team mailings:					
Print Name (Father):			Print Name (Mother):		
Signature:			Signature:		
Date:			Date:		
Work Number:		Cell Phone:		Work Number:	
				Cell Phone:	
<b>PLEASE COMPLETE THE MEDICAL RELEASE FORM ON THE REVERSE SIDE</b>					

**Pelham Youth Baseball/Softball Medical Release Form  
2010 Season**

Player's Last Name:	Player's First Name:
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**Parent or Guardian Authorization:**  
 In case of an emergency, if I, or the family physician, cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, ER Physician).

Family Physician:	Phone:
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Address:	City:
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Hospital Preference:	
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**In Case of Emergency, contact:**

Name:	Work Phone:	Relationship to Player:
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Home Phone:	Cell Phone:	Pager:
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Name:	Work Phone:	Relationship to Player:
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Home Phone:	Cell Phone:	Pager:
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Please list any allergies/medical problems, including those requiring maintenance medications (i.e. diabetic, asthma, seizure disorder). Include medical diagnosis, medication, dosage, and frequency of dosage.

Allergies:
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The purpose of the above listed information is to ensure that medical personnel have details of any medical concern, which may interfere with or alter treatment.

**WARNING:** Protective equipment cannot prevent all injuries a player might receive while participating in baseball/softball.

Authorized Parent/Guardian Signature:	Date
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## Pelham Youth Baseball/Softball Volunteer Form

Name:		Today's Date:	Date of Birth:	
Street Address:				
City:		State:	Zip:	
Home Phone Number:		Cell Phone Number:	Work Phone Number:	
Occupation:		Job Title:	Social Security Number:	
Employer:		Email Address:		
Special Professional Training, Skills, Hobbies:				
Community Affiliations (Clubs, Service Organizations, etc):				
Special Certification (i.e. CPR, medical, etc.):				
Previous Volunteer Experience (including baseball/softball experience):	Year:	Detail:		
	Year:	Detail:		
Do you have children in the program?	Yes/No	If yes, at which level?		
Do you have a valid driver's license?	Yes/No	Driver's License Number:	State:	
Accidents or traffic violations?	Yes/No	If yes, describe in detail:		
Have you ever been convicted of any crime(s)?	Yes/No	If yes, describe in detail:		
Have you ever been refused participation in any other youth program?	Yes/No	If yes, describe in detail:		
In which of the following would you like to participate? (check one or more)				
League Official:	Manager:	Coach:	Field Maintenance:	
Umpire:	Scorekeeper:	Concession Stand:	Other:	
Please list three references, at least one of whom has knowledge of your participation as a volunteer in a youth program:				
Name:		Phone:		
Name:		Phone:		
Name:		Phone:		
I give permission for the Pelham Youth Baseball/Softball organization to conduct a background check on me, which may include a review of criminal and child abuse records maintained by governmental agencies. I understand that if appointed, my position is conditional upon the league receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the local Pelham Youth Baseball/Softball Board, City of Pelham, the officers, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that regardless of previous appointments I may not be appointed to a volunteer position. If appointed I understand that, prior to the expiration of my term, I am subject to suspension by the President and removal by the Board of Directors.			Yes	No
Applicant's Name:		Signature:	Date:	

**CITY OF PELHAM  
PELHAM YOUTH BASEBALL/SOFTBALL  
2010 REGISTRATION**

**All forms may be obtained online at [www.pelhamonline.com](http://www.pelhamonline.com)**

You may register in the following ways:

- (1) Mailing the registration form with a check to Pelham City Hall. (PO Box 1419 Pelham, Alabama 35124 Attention: (Baseball/Softball Registration). Jan. 01--- Jan. 31 2010.
- (2) On the following Saturdays from 9:00AM-12:00PM. January 16 & 23 at the Parks & Recreation office.

**ELIGIBILITY**

To play in the Pelham Youth Program, you must live within the City Limits of Pelham or have played in Pelham during the 2009 season. Beginning players (non-residents) must have family members who played in the 2009 season to be eligible to participate in the 2010 season. **League age is that age attained by a player prior to April 30 for baseball and January 1 for softball.**

**REGISTRATION FEES**

The fee for the first child is \$150.00. This fee will decrease by \$10.00 for each additional child in a family up to three children. A non-resident fee of \$15.00 per child (maximum of \$30.00 per family) should be included with the registration fee.

Example: Three children register to play from the same family  
 First Child--\$150.00                      Second Child--\$140.00                      Third Child--\$130.00

The registration fee includes the uniform (jersey, hat, and socks), supplemental insurance, equipment replacement, umpires, and championship trophies.

**BIRTH CERTIFICATES**

Player's date of birth must be certified by birth or baptismal certificate. Please include a copy of the child's birth certificate with the registration form. **If your child played during the 2009 season, a birth certificate is not required.**

**EVALUATIONS**

Player evaluations for the 2010 season will be February 06, 2010. **Players must notify Billy/Robert at 620-6426 if he/she will not be able to attend the February 06 evaluation with a valid reason.**

Division	League Age	Time	Field	Division	League Age	Time	Field
Minor A	5	10:00AM	5	6 & under	6	10:00AM	6
	6	11:00AM	5	8 & under	8	10:00AM	1
Minor AA	7	10:00AM	2	10 & under	10	11:00AM	1
	8	11:00AM	2				
Minor AAA	9	10:00AM	4				
Minor AAA	10	11:00AM	4				

***We will not be doing evaluations for the 11, 12, 13, 14 year old boys and the 11, 12, 13, 14 year old girls.***

**PROSPECTIVE COACHES AND ASSISTANT COACHES**

Anyone interested in coaching or assisting a team (including former coaches and assistants), may obtain the volunteer form online at [www.pelhamonline.com](http://www.pelhamonline.com). This form must be filled out and given back to Billy/Robert prior to January 29, 2010. Coaches will be notified of their acceptance by February 5, 2010. **A criminal background check will be run on all managers and coaches for the safety of our children.**

**IMPORTANT DATES TO REMEMBER 2010**

January 01--- 31	Mail in registration dates
January 16 (Saturday)	Registration at Park and Rec. office 9:00AM-12:00PM
January 23 (Saturday)	Registration at Park and Rec. office 9:00AM-12:00PM
January 29 (Friday)	Manager/coaching forms deadline 2:00PM
February 05 (Friday)	Managers notified of acceptance to manage
February 06 (Saturday)	Evaluations at Pelham Park {See table for times and fields}
February 06, 07 (Sat, Sun)	Player Draft (TBA) Dates may change
February 14 (Sunday)	Equipment Pickup Park Shop
February 15 (Monday)	Official Practice Begins
April 3 (Saturday)	Opening Day/Picture Day {Ceremonies begin at 9:00AM}

