

Baseball Registration 2019

Elkin Recreation & Parks



Ages 9-12

Registration Deadline:
Friday, Feb. 15, 2019

Please Read Completely before Registering

Elkin Recreation & Parks Surry County Cal Ripken Baseball Ages 9-12

Registration Deadline: Friday, February 15, 2019 (Online and In Person)

What is my League Age? League Age is determined by your age on April 30, 2019. Players should have a league age of 8-12. Any player who turns 13 on or before April 30, 2019 is not eligible to play.

Who is allowed to play? You may play for Elkin Recreation & Parks if: You go to school at Elkin Elementary, Elkin Middle, C B Eller Elementary, Ronda Clingman Elementary, Roaring River Elementary, or East Wilkes Middle, or you reside in one of those school districts. Proof of residency and/or school enrollment may be required.

How will teams be assigned? Teams are formed through a draft process administered by Surry County Cal Ripken League. Players already assigned to a Cal Ripken roster will automatically be placed back on that team. Any player that is new to the league will be subject to draft. Once players are assigned to teams, players must remain with that team until they age out of Cal Ripken Baseball.

May I request to be on a specific team, with a specific coach, or with a specific player? No. Requests for assignments with particular teams, coaches, or players will not be considered by Surry County Cal Ripken Baseball.

When and where will we play? Schedules are determined by Surry County Cal Ripken Baseball, but typically Minor League (9-10 year olds) plays on Monday/Thursday nights and Major League (11-12 year olds) plays on Tuesday/Friday nights. Game locations will vary and can be played throughout Surry County. The season usually begins with practice in March. Games begin in April and run through early June with a tournament to be held following the regular season.

Are there playing time regulations? Surry County Cal Ripken League has no provision for minimum playing time. There is no penalty in place for not playing a rostered player. However, Elkin Recreation and Parks expects that our coaches play their players a minimum of 2 innings in the field and 1 at bat each game. There may be games that end after 3 ½ or 4 innings that could make this difficult or impossible. Coaches determine batting order and field positions. Problems with meeting playing time expectations will be handled on a case by case basis.

Other Information: Anyone who registers with a false address or provides incorrect county, school, or birth date information is subject to removal from the program without refund. No refunds will be given after the registration deadline for any reason.

I have read and understand the above information regarding Cal Ripken Baseball

Parent signature _____ Date _____

Surry County Cal Ripken League
20__ Application

Child's Name _____
Last First Middle Initial

Date of Birth _____

Elementary School Attended _____

Street Address _____
Physical Location of Residence

Mailing Address _____
(if different from street address)

Telephone Number _____
In case of an emergency

Should your child be rushed to the emergency room in case of any type of sting from a bee; wasp, yellow jacket, etc.? _____

Does your child have an allergic reaction to penicillin? _____

Is your child allergic to any other drugs or medications? _____

List all others. _____

List any type of medical condition your child has which league representatives should be aware. _____

The information listed above is correct. I do hereby give my child permission to participate in the Surry County Cal Ripken League Baseball program and will abide by the rules stated in the By-Laws of the Surry County Cal Ripken League. In case of an accident, I will not hold the Surry County Cal Ripken League or any of its representatives liable. If, while participating in any activities of the Surry County Cal Ripken League, a medical emergency arises involving my child and I cannot be reached at the telephone number listed above, I do hereby give permission to the physician selected by the Surry County Cal Ripken League representative to examine, hospitalize, secure proper treatment for and order injection, anesthesia or surgery for my child named above.

Parent or Legal Guardian's Signature _____ Date _____

Parent or Legal Guardian's Signature _____ Date _____

(For league use only)
Child's League age for 20__ season _____ Selected by: _____



Spring Baseball Registration Form
Registration Deadline: Friday, February 15, 2019

Child's Name _____ **Age** _____ **Birth date** _____ **Grade** _____
Address (street address, no PO Boxes) _____
City _____ **State** _____ **Zip** _____ **County** _____
Primary Phone #: _____ **School** _____
Mother's Name: _____ **Alt. Number:** _____
Father's Name: _____ **Alt. Number:** _____
E-mail address: _____

Registering For (check one): ___ **Minor League (9&10 year olds)** ___ **Major League (11&12 year olds)**
Town Residents Fee: \$60.00 **Non-Resident Fee:** \$85.00

Coaches needed: Will you help coach? Yes _____ No _____ (*New coaches must complete application*)

Coach/Contact name: _____ **Phone:** _____ **E-Mail:** _____

Sponsorship: Please see the front desk attendant for information on our Sponsorship Program.

SHIRT SIZE OF CHILD

Youth Size: S M L

Adult Size: S M L XL XXL

WAIVER AND RELEASE

I hereby give _____ my permission to participate and be involved in Elkin Recreation and Park's program. By authorization, I hereby approve of the program and accept the facilities, equipment, supervision and the opportunity to inspect the premises and equipment and have talked with the staff or volunteers or waive the right to do so. Further, I understand there are certain risks inherent in participation in all team and individual sports which are beyond the control of the participant or the Town of Elkin's Recreation Department, and that immediately prior to any participation I have the opportunity to inspect the facility or equipment and notify the staff or volunteers or the Town of any objection to the facility, equipment, volunteer or staff or supervision and have the choice whether or not to participate in said program or activity. I hereby release the Town of Elkin and its employees and volunteers from any and all damages on behalf of the above named person and on my behalf, which would or could be based on the qualification of the instructor or the adequacy of the supervision, facilities or equipment used in the program named above. I grant my permission to allow my child's name, photo, video recording and/or (other item(s)) to be used in the discretion of the Elkin Recreation and Parks Department for promoting programs operated or sponsored by the department.

Signature of parent or legal guardian _____ Date _____

Form may be mailed (with birth certificate if we do not have one on file) to: Elkin Recreation and Parks, PO Box 345, Elkin, NC 28621. For more information please call 258-8917.

Staff Initial _____ **Receipt #** _____ **Amount Pd** _____ **Birth Cert.** _____ **Date** _____

Insurance/Liability

Please read and sign below:

I/We the undersigned parents of the above named participant acknowledge the Town of Elkin Recreation and Parks Department does not provide accident insurance for athletic programs. I/We agree that the expenses of any accident and/or injury incurred while traveling to or from said activity or participating in practices or games shall be at my/our expense, either personally or through another insurance carrier. Further, I/we do agree to indemnify and hold the Town of Elkin free and harmless from any legal actions or claims.

Parent/Legal Guardian Signature _____ Date _____

Refund Policy

Refunds shall only be made when requested prior to the program registration deadline. Requests must be made in writing and a \$5.00 administration fee shall be deducted from all refunds. Late registration fees are not refundable.

I am aware of the refund policy.

Parent/Legal Guardian Signature _____ Date _____

Parent's Code of Ethics

I hereby pledge to provide positive support, care and encouragement for my child participating in youth sports by following this Parent's Code of Ethics Pledge.

- I will encourage good sportsmanship by demonstrating positive support for all players, coaches and officials at every game, practice or other youth sports event.
- I will place the emotional and physical well being of my child ahead of a personal desire to win.
- I will insist that my child play in a safe and healthy environment.
- I will support coaches and officials working with my child in order to encourage a positive and enjoyable experience for all.
- I will demand a sports environment for my child that is free of drugs, tobacco and alcohol, and will refrain from their use at all youth sports events.
- I will remember that the game is for youth--not for adults.
- I will do my very best to make youth sports fun for my child.
- I will ask my child to treat other players, coaches, fans and officials with respect regardless of race, sex, creed or ability.
- I promise to help my child enjoy the youth sports experience by doing whatever I can, such as being a respectful fan, assisting with coaching, or providing transportation.
- I will read and adhere to the Elkin Recreation and Parks Expectations for Parents and Spectators.

Parent Signature _____ Parent Signature _____ Date _____

If both parents do not sign, it will be assumed that one parent is signing for the entire family.

The Recreation Department's programs are open to all citizens regardless of national origin, sex, age, religion, race, family status or physical ability.