

# 2010 REEDVILLE FALL BASEBALL REGISTRATION

**Player Information: Please submit individual forms for each child.**

**PLEASE SEE INSERT FOR NOTES AND INFORMATION REGARDING FALL BALL**

Last Name \_\_\_\_\_ FirstName \_\_\_\_\_ MI \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_  
 Birth Date \_\_\_\_\_ School Attending \_\_\_\_\_ Grade \_\_\_\_\_ Sex M - F  
 Parent/Guardian \_\_\_\_\_ Employer \_\_\_\_\_  
 Parent/Guardian \_\_\_\_\_ Employer \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

**Reedville Baseball, Inc is a Non-Profit Organization that relies on Parent Involvement to succeed. Please take a moment to select a volunteer opportunity for the 2010 Fall Ball Season**  
 Coach  Assist Coach

Fall Ball Practices will begin the Week of August 23<sup>rd</sup> with games beginning on Sunday, September 12<sup>th</sup>.  
 Schedule will consist of Sunday games for 7-8 weeks depending on weather and field availability.  
 Teams are limited to no more than three meetings (including games and practices) per week.

Fall Ball League	Age Group As of 8/01/2011	Regular Registration Deadline Post Marked 08/13/2010 <small>Allows for Coach or Player Request; Placement Depends on # of Requests Per Team</small>	Late Registration Deadline Post Marked 09/03/2010 <small>Placement Based on Available Space on Each Team</small>	Total Fee Paid <small>(Pays for Uniforms, Umpires, Baseballs, Field Supplies &amp; Porta-Potties)</small>
<b>Midgets</b>	7-9	<input type="checkbox"/> \$55.00	<input type="checkbox"/> \$65.00	
<b>Juniors</b>	10-11	<input type="checkbox"/> \$65.00	<input type="checkbox"/> \$75.00	
<b>Seniors</b>	12-13	<input type="checkbox"/> \$85.00	<input type="checkbox"/> \$95.00	

\*Coach Request \_\_\_\_\_ \*Player Request \_\_\_\_\_

\*Reedville Baseball Inc. offers coach and player requests for Fall Ball as a courtesy.  
 Not every player or coach request will be fulfilled and final rosters will be completed at the discretion of the Fall Ball Coordinator.

Please return this registration form via the following address:  
**REEDVILLE BASEBALL, INC.**  
**ATTN: 2010 FALL BASEBALL REGISTRATION**  
**PO BOX 5932**  
**ALOHA, OR 97006**  
 Or email registration to  
[joe@bluemountaincommunity.com](mailto:joe@bluemountaincommunity.com)

**Consent for another to treat your child**

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_ hereby authorize Reedville Baseball, Inc. through it's directed representatives (Officers, Directors, Coaches, etc) who are 18yrs or older, to consent to any medical treatment of the above child. No medical assistance will be provided without authorization.

Health Insurance Company: \_\_\_\_\_ Policy \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone \_\_\_\_\_

Allergies/ Medications: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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**Release/Consent granting permission use of photo**

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_ hereby authorize Reedville Baseball, Inc. through it's directed representatives (Officers, Directors, Coaches, etc), to use on its website, photos of the above child.

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**Mail completed registration form, copy of birth certificate and check or money order to:**

**REEDVILLE BASEBALL, INC.  
ATTN: 2010 FALL BASEBALL REGISTRATION  
PO BOX 5932  
ALOHA, OR 97006  
Or email to  
[joe@bluemountaincommunity.com](mailto:joe@bluemountaincommunity.com)**

**A copy of Birth Certificate (no originals) is required if this is a player's first year with Reedville Baseball or if one has not been provided in the last two years. Forms without proper fees paid or a Parent/Guardian signature will not be processed.**

**RETURN CHECK/REFUND POLICY**

**A \$25.00 service fee will be assessed on all returned checks. There is a \$25 Non-Refundable portion of the Registration Fee. Refund requests must be requested in writing prior to the team's first practice or September 1st, 2010 whichever comes first.**

**No refunds will be granted after this date.**

<b>For Office Use Only</b>	
Date Received	_____
League Fee	_____
Fund Raising Fee	_____
Amt Received	_____
Check #	_____
Paid by Pay Pal	_____
Rec'd By	_____
Birth Cert	_____