



Youth Traveling Baseball & Softball Summer 2009

P.O. Box 101
Roberts, WI 54023
715-781- 6419 or 715-781-6420
www.centralstcroixrec.com

The Central St. Croix Rec youth baseball and softball programs provide participants with the opportunity to learn the fundamentals of the game in a fun, positive and supportive environment. Practice times vary according to field availability. *Coaches will notify participants via phone regarding the first practice.* Participants must register according to the league description; those who misstate information may be dropped from the program. **The season runs approximately 8 weeks from May to the end of July. The coaches will hand out schedules, as soon as available. Home games will be played at the Roberts and Hammond Park fields and schools.**



LEAGUE	GRADES	FEE	AFTER DEADLINE
U10 Softball	Girls currently enrolled in 3rd & 4th grade	\$50	\$75
U12 Softball	Girls currently enrolled in 5th & 6th grade	\$60	\$85
U14 Softball	Girls currently enrolled in 7th & 8th grade	\$60	\$85
U10 Baseball	Boys currently enrolled in 3rd & 4th grade	\$50	\$75
U12 Baseball	Boys currently enrolled in 5th & 6th grade	\$60	\$85
U13 Baseball	Boys currently enrolled in 7th grade	\$60	\$85
Junior Babe Ruth	Boys currently enrolled in 8th grade	\$60	\$85
Baseball Weekend Tournament Team(s) *	Boys currently enrolled in 5th grade and older	TBD	TBD

* Additional Sign-up is required. Additional fees may be required. The team(s) will host one home tournament to help offset expenses. Parental support is expected. Players cannot sign-up for tournaments only - they must be part of CSCR week night teams.

REGISTRATION INFORMATION

Registration sign-up night is Monday, January 26, 2009 5-6:30 P.M. in the Elementary School Lobby! If inclement weather, please mail registration with payment. Please visit our website or call us with any questions.

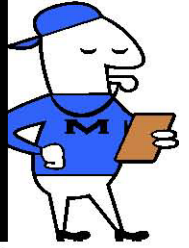
Bring completed registration form on the back and a check made out to Central St. Croix Rec or cash to sign-up night. **Late registrations are accepted on a space available basis only and will include a \$25 late fee.** If you are unable to attend sign-up night, please mail your registration form along with payment to: **Central St. Croix Rec, P.O. Box 101, Roberts, WI 54023.**

Registration deadline is 2/6/09.

Refund Policy : NO Refunds will be made after March 13, 2009.

Volunteer Coaches Needed!

Sports can build a great bond between a child and parent.
No experience necessary - we provide the training.



Baseball Coaches Meeting / Training - To Be Determined
Softball Coaches Meeting / Training - To Be Determined

Please Volunteer to Coach! Name _____

Phone Number/s _____

Email Address _____

- _____ I will attend the Baseball/Softball coaches meeting in Menomonie/Glenwood City (Dates to be determined)
_____ I will attend the coaches meeting/training where I will receive team information, guidelines and training for coaching the game of baseball/softball.
_____ No, I regret I cannot make it. (Please contact CSCR at 715-781-6419 or 715-781-6420 to make other arrangements, thank you)

Player and Family Information

Player's Name _____ Birth date & Age _____ M or F _____ Current Grade _____

Address _____ City _____ Email Address (for future program information) _____

I live in the Village of _____ OR Town of _____

Parent/s Name _____ Phone Number/s _____

Emergency Contact (other than parent) _____ Emergency Contact's Phone # _____ Relationship _____

Please provide the following information to help us balance teams

Beginner Intermediate Advanced 0 1 2 3 4 5+
Skill Level (please circle one) Number of years playing organized ball

Shirt (no Youth XL use Adult S)

Pants (no Youth XL use Adult S)

Hat or Visor

Youth or Adult (please specify)

Youth or Adult (please specify)

(please circle one)

S M L XL

S M L XL

Hat Visor No Thanks

Note: Please specify youth or adult sizes. All fees include hat or visor, shirt and pants. If last years pants fit, you may use them again.

As the parent or legal guardian of a participant in Central St. Croix Rec program, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent. I have read the Parent/Player Code of Conduct and agree to abide by it.

Date _____ Parent/Guardian (Please Print Name) _____ Signature _____

Initialize that Code of Conduct has been read. Parents _____ Player _____