

WENATCHEE YOUTH BASEBALL

2012 Youth Baseball Registration

Register by February 29, 2012 to assure a spot on a team.

Player age is determined as of May 1, 2012

5-6 year olds - \$60 - TEE BALL

This program will cover the fundamentals of youth baseball. The players will learn the concepts of hitting, fielding and throwing the baseball as well as running the bases. The typical season begins 2nd week of April and ends the first week of June. Each team plays a 10 game schedule. Practice times and days are determined by the coach at the beginning of the season. No tryouts required.

7-8 year olds - \$80 - ROOKIE (pitching machine)

This program will continue to develop the players hitting, fielding and throwing skills while playing in a fun and friendly environment. The players will be introduced to the concepts of team baseball. Players will get some introduction to pitching but games will be played with a pitching machine. The games begin 1st week in April and end the first week of June. Each team plays 10 to 12 games. Practice times and days are determined by the coach at the beginning of the season. No tryouts required.

9-10 year olds - \$80 – MINORS

This program will be the first introduction to all player pitch play for 9 year old players. Among teammates of their own age and experience level, players continue building and refining their fundamental skills while they begin to understand game strategy. It is at the minor league level that players first experience post-season tournament competition, with district, state, and regional levels of play. All players are required to attend skill assessment sessions. The games begin 1st week in April and end the first or second week of June.

11-12 year olds - \$80 – MAJORS

The most experienced level of Cal Ripken Baseball for 11 and 12 year old players. Cal Ripken Baseball is played under the Official Baseball Rules, but implements some special rules as necessary for the development and welfare of this young age group. All players are required to attend skill assessment sessions. The games begin 1st week in April and end the first or second week of June.

9 year old - SKILLS ASSESSMENT:	10 year old - SKILLS ASSESSMENT:	11-12 year old - SKILLS ASSESSMENT:
When: Tues March 13 @ 5:00 pm	When: Wed March 14 @ 5:00 pm	When: Thurs March 15 @ 5:00 pm
Sat March 17 @ noon	Sat March 17 @ noon	Sat March 17 @ 10 am
Where: Morris Park	Where: Morris Park	Where: Lincoln Park

Skill assessment attendance is mandatory and players must attend at least one day of assessment to be eligible for a team. Players will be placed on a team in a league based on their scoring assessment. Players will be contacted by their coach by March 25 and practices will start the next week in most cases.

Participant Name: _____ Birthday: ____/____/____ Gender: _____

Participant Address: _____ City: _____ School: _____

Participant Home Phone: _____ E-mail Address: _____

Fathers Name: _____ Home Phone _____ Cell Phone _____

Mothers Name: _____ Home Phone _____ Cell Phone _____

Emergency Contact: _____ Phone Number: _____

Allergies, medications, or other health needs: _____

Residency Policy: Cal Ripken Baseball rules require that all participating players live within the geographical boundaries of the WYB charter which is the same as Wenatchee and Entiat School Districts. The player must physically live the majority of the year within these boundaries to meet the requirement. If you disregard the residency policy you forfeit post season participation.

I, THE PARENT OF THE ABOVE NAMED PLAYER, DO HEREBY GIVE MY APPROVAL FOR HIS/HER PARTICIPATION IN THE WYB BASEBALL PROGRAM AND RELATED ACTIVITIES. I ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO SUCH PARTICIPATION INCLUDING TRANSPORTATION TO AND FROM THE ACTIVITIES; AND I DO HEREBY WAIVE, RELEASE, ABSOLVE, INDEMNIFY AND AGREE TO HOLD HARMLESS WYB, IT'S ORGANIZERS, SPONSORS, AGENTS, DIRECTORS, SUPERVISORS, PARTICIPANTS, AND ANY PERSONS TRANSPORTING MY CHILD TO AND FROM SUCH ACTIVITIES, FROM ANY CLAIM WHATSOEVER FROM DAMAGE, INJURY OR DEATH ARISING OUT OF MY CHILD'S PARTICIPATION IN THE PROGRAM, EXCEPT TO THE EXTENT AND IN THE AMOUNT COVERED BY WYB ACCIDENT AND LIABILITY INSURANCE.

I, ALSO, IN THE EVENT OF INJURY TO MY CHILD DURING THE ACTIVITIES, DO HEREBY GIVE MY PERMISSION TO HAVE THE COACHES SEEK MEDICAL ATTENTION FOR MY CHILD AND FURTHER APPROVE HIS/HER BEING TRANSPORTED TO A CLINIC FOR THE PURPOSE OF HAVING AUTHORIZED LICENSED MEDICAL PERSONNEL TREAT SUCH INJURY.

Parent/Guardian Signature: _____ Print: _____ Date: _____

I'm interested in _____ coaching _____ assistant coaching *(Coaching application will be e-mailed to address provided if checked)*

Important: Limited scholarships are available under our **Work-it-Off** program. Family must qualify. Please see Website for program details.

If mailing please send to: (Please do not mail cash) Fee Paid: _____ Check #: _____	Wenatchee Youth Baseball P.O. Box 1646 Wenatchee, WA 98807-1646	Phone: (509) 663-2222 Club Website: www.wyb.org
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