



# MYBSL FALL BASEBALL AND SOFTBALL

Our improved and expanded Fall Baseball and Softball program is designed to be more instructional and recreational than our spring programs. Players will attend a weekly practice session.

All players in each division will practice together and rotate through a series of practice stations. (No separate team practices) Example: At a practice the

players may work on fielding ground balls, jump turns and throwing at one station then move on to hitting a ball off a tee then to a third station where they will field fly balls and work on throwing to a cut off person then complete a rotation by running from home plate to first base then home plate to second base. Coaches will guide our players and strengthen their skills for the future. All Players will receive a Fall Ball Shirt and Cap/Visor. Fall Ball Fee is Only \$30 per player.

### Four Divisions -

Boys 6 to 8: Coach Pitch

Girls 6 to 8: Instructional (Coach Pitch)

Boys 9 to 12: Player Pitch

Girls 9 to 12: Player Pitch

### Four weekly practices on Sunday Evenings

**August 28, (Off Sept 4) Sept 11, Sept 18 and Sept 25**

Divisions will be divided into teams that will play one game a week.

One game weekly on evenings during the week.

**REGISTER ONLINE AT WWW.MYBSL.COM**

**or complete the form below and mail to**

**PO 662, Manteno Il 60950.**

**REGISTRATIONS CLOSED AUGUST 15.**

Players Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Division (Please Circle)    Boy 6 to 8    Boy 9 to 12    Girl 6 to 8    Girl 9 to 12    - Age this year.

### Medical:

I do hereby request that the coach (or their designated person) has my permission to treat my child at a practice or ball game where illness or injury occurs. I further understand that this release gives them the authority for transportation by ambulance, if necessary, should first aid need to be exceeded by professional medical care at the nearest hospital or, if possible, to the hospital of my choice, provided I have stated a choice beforehand or if contacted and not be present, request a particular hospital. (All transportation and medical fees may be my responsibility) This release will absolve the Manteno Youth Baseball/Softball League, all its officers, coaches, and agents of any liabilities as long as they act in a responsible and prudent manner just as if I were present and able to give the same normal appropriate care that is required by my child. I understand that I may revoke this Medical release at any time by notifying the MYBSL President in writing. However, should I revoke this release, I hereby release the Manteno Youth Baseball/Softball League of any responsibility knowing full well that the responding medical service will do what they feel is necessary under the Illinois Good Samaritan Law or Medical Oaths / Codes that cover their first aid treatment.

### Photograph or Video:

During the course of the season, photographs and / or video footage of players are taken for use in MYBSL publications, MYBSL web sites as well as coverage by the local and regional press, radio and TV. Players may appear in photographs and video recordings. MYBSL may use these pictures in various publications. Players may or may not be identified by name. I grant consent to MYBSL to uses pictures of unnamed and named players taken while at or during an MYBSL activity in any MYBSL sponsored material, publication, video recording or website. This consent is valid from the date granted. I understand that I may revoke this Photograph and Video consent at any time by notifying the MYBSL President in writing.

I would like to help coach fall baseball: Name \_\_\_\_\_

Please check one: Head Coach: \_\_\_\_\_ Assistant Coach: \_\_\_\_\_ Practice Coach Only: \_\_\_\_\_

Include Check for \$30 per player—Parents Signature: \_\_\_\_\_