

2012 St. Leo Baseball Guidelines

Team	Age Group	Birth Dates
Under 14	13 - 14	5/01/97 - 4/30/99
Under 12	11 - 12	5/01/99 - 4/30/01
Under 10	9 - 10	5/01/01 - 4/30/03
Instructional/Under 8	7-8	5/01/03 – 4/30/2005
Pony (co-ed)	5-6	5/01/2005 – 4/30/2007

For the safety of our youth, 10U and above will be evaluated for skill level by the coaching staff. Players will be assigned a “section” accordingly.

- **BASEBALL REGISTRATION FEE: \$110.00** – Hat and pants are included in the fee; jerseys and belts will be provided but **MUST** be returned at the end of the season. Pant return will be voluntary.
- **PONY REGISTRATION FEE: \$60.00** – hat, shirt, and trophy are included
- Family Discount: 3 Players per family reduce registration fee by \$15.00 per child
- Please make checks payable to **St. Leo’s Athletic Association (SLAA)**
- Players are not permitted to participate in St Leo Baseball until registration is paid and a consent form is signed.
- **Please return completed registration forms and payment to Matt Overbaugh, 24 Heatherfield Drive, Willow Street, PA 17584 by February 1, 2011. A team assignment cannot be guaranteed after this date.**
- If you prefer, you can drop off the form on Thursday- January 19th at St. Leo’s Church (Room 3), uniform samples will be available for fitting from 6:00-8PM.
- ANY QUESTIONS to Matt Overbaugh at overbaugh@verizon.net or (484) 354-5631

***** ANY PERSON PLANNING TO COACH OR ASSIST WITH THE PROGRAM IN ANYWAY MUST RECEIVE DIOCESE CLEARANCE.**

This process will take a few weeks, so please contact me ASAP!!!

2012 St. Leo Baseball Registration Form

***PLEASE PRINT

Player's Last Name	
Player's First Name	
Age Group Requested (see attached)	
Player's Date of Birth	
Player's Address	
Parent/Guardian Names	
Player's Home Phone Number	
Alternate Phone Number	
Parent/Guardian Email Address	
Emergency Contact Name	
Emergency Contact Phone Number	
School Name AND Grade	
School District/Parish	
Hat Size (circle one)	S/M M/L L/XL
Shirt Size (circle one)	YS YM YL YXL AM AL AXL
Pant Size (circle one)	YS YM YL AS AM AL AXL

Check _____ Check Number _____ Total enclosed _____

Parental Consent

I permit my child _____ to participate in St Leo Baseball. For accepting my enrollment, the player, and we, the parents, individually and collectively, intending to be legally bound for ourselves and our heirs, executors and administrators, release the St Leo Athletic Association and their representatives from any and all claims or rights to damages for injury or loss suffered by the player, directly or indirectly, in training for, or traveling to or from, or competing in or attending any future Association functions. I acknowledge the registration fee does not cover primary medical insurance coverage. I consent to emergency medical aid for my child.

We, the parent and player agree to help create a positive environment for play and competition for the youth of our community. We will treat players, coaches, officials, fans, and opposing teams with courtesy and respect. We understand that should a problem arise such issues are to be addressed directly with the St. Leo's Athletic Association, rather than the parish, school, or league officials (Lancaster County Youth Baseball League/LCYBL).

Signature of Parent _____ Date _____

Signature of Player (8U & up) _____