



BELLEVUE AVALON BASEBALL REGISTRATION

WHO: Any boy or girl, ages 5 through 16, living in Bellevue or Avalon. A player's league age is determined by his or her actual age on April 30. First time registrants are required to bring a birth certificate as proof of age. Players are divided into the following leagues:

T-Ball League	Ages 5 and 6
Instructional League	Ages 7 and 8
Minor League	Ages 9 and 10
Little League	Ages 11 and 12
Pony League	Ages 13 and 14
Colt League	Ages 15 and 16

WHEN/WHERE:

Sunday January 24 from Noon – 3:00 PM

Avalon Municipal Building @ 640 California Ave

Monday January 25 from 7:00 PM – 9:00 PM

Bellevue McDonalds on Ohio River Blvd.

COST: The registration fee per player is:

\$40 for T-Ball and Instructional leagues

\$65 for Minor and Little leagues

\$95 for Pony and Colt leagues

For families with more than one player, pay for the highest level player and all others are ½ price.

WHERE: Our T-Ball, Instructional, Minor, and Little League fields are located across from the Avalon Fire Hall. A second T-Ball/Instructional League Field is located behind the Avalon Pool picnic shelter. The Pony and Colt Leagues play at Bellevue Memorial Park.

NOTE: An orientation meeting will be held for parents to ask questions and obtain information about the league. Parents, or those interested, must sign up for this meeting at registration.

This is a volunteer organization. Parents, guardians, relatives, and others interested are needed to volunteer their time to make this association work. Please join the adult association and fill in your activities in the support section of the registration form.

Registrants will be accepted until existing teams are filled. Once all existing team rosters are filled, registrants will be placed on a waiting list until there are enough players to fill another team roster.



BELLEVUE AVALON BASEBALL ASSOCIATION

GENERAL INFORMATION FOR PARENTS/GUARDIANS

PARENTS ORIENTATION MEETING:

Thursday, March 4, 7:30 p.m., at Avalon Public Library, located at 317 South Home Avenue in Avalon. This meeting is open to parents/guardians of new and returning players. Any questions you may have concerning this Association, registration, team placement, etc., can be answered at this meeting.

INSTRUCTIONAL, MINOR, LITTLE LEAGUE PLAYERS

Skill evaluations will be held on Saturday, March 6, at the Bellevue Elementary School's gym. Players need only bring their glove. Everything else is provided. You should receive a reminder prior to March 1st. T-Ball, Pony and Colt players will receive a phone call from their team manager letting them know when team practices will begin.

TEAM MEMBERSHIP AND PRACTICES

You will receive a call from your player's team manager concerning practice schedules and other team information. You should receive this call after the skill evaluations on March 6th. T-Ball, Pony and Colt players will receive the call later in March.

ADULT BABA ASSOCIATION MEETINGS

The monthly association meetings are held on the **first Thursday of each month** and begin at 7:00 PM at the Avalon Public Library at 317 South Home Avenue in Avalon. Meetings during May and June will be held at the Avalon Baseball Complex and will begin after the final game is completed that evening (8:00-ish). Please plan to attend. The Membership Fee for an Adult is \$1 per year.

PARENTS' CODE OF CONDUCT

Any cheering and/or comments shall be made in a positive and constructive manner. There shall be no negative comments directed to any individual during a game, practice, or while any child is present. Any problems, complaints, or negative comments about the league, managers, coaches, umpiring, or other children should be directed to the manager of the team, league commissioner, or a board member, and at no time in the presence of children. Profanity will not be tolerated. Alcohol or public drunkenness will not be tolerated. Comments to umpires over any judgmental call will not be tolerated. (If a wrongful decision of a rule has occurred, the umpire and managers—and only the managers—will gather to discuss it after time has been called.) Unacceptable behavior may be cause for removal and/or forfeiture of a game.

If you need any additional information, call BABA at 412-761-2212 or visit <http://babaseball.org>



BELLEVUE AVALON BASEBALL ASSOCIATION REGISTRATION FORM

PLAYER INFORMATION: (please print, and use a 2nd form for more than 3 players)

<p><u>Player 1:</u> Last name: _____ First name: _____ Gender: M F Date of Birth: _____ Shirt Size (Circle One): YS (6-8) YM (10-12) YL (14-16) YXL (18-20) AS AM AL AXL AXXL Pant Size (Circle One): YS (6-8) YM (10-12) YL (14-16) YXL (18-20) AS AM AL AXL AXXL <u>League Use Only:</u> Registration Fee Paid: _____ Cash Check #: _____ League Age _____ Division: T I M L P C Team last year: _____</p>	<p><u>Player 2:</u> Last name: _____ First name: _____ Gender: M F Date of Birth: _____ Shirt Size (Circle One): YS (6-8) YM (10-12) YL (14-16) YXL (18-20) AS AM AL AXL AXXL Pant Size (Circle One): YS (6-8) YM (10-12) YL (14-16) YXL (18-20) AS AM AL AXL AXXL <u>League Use Only:</u> Registration Fee Paid: _____ Cash Check #: _____ League Age _____ Division: T I M L P C Team last year: _____</p>	<p><u>Player 3:</u> Last name: _____ First name: _____ Gender: M F Date of Birth: _____ Shirt Size (Circle One): YS (6-8) YM (10-12) YL (14-16) YXL (18-20) AS AM AL AXL AXXL Pant Size (Circle One): YS (6-8) YM (10-12) YL (14-16) YXL (18-20) AS AM AL AXL AXXL <u>League Use Only:</u> Registration Fee Paid: _____ Cash Check #: _____ League Age _____ Division: T I M L P C Team last year: _____</p>
---	---	---

Street Address: _____

Borough (circle one): Bellevue Avalon Other: _____ (zip: _____)

Home Phone: _____

PARENT/GUARDIAN INFORMATION

<p>Father/Guardian Last Name: (Same as above) _____ First Name: _____ Address (Same as above) _____ City: _____ Zip: _____ Email: _____ Phone: (Same as above) _____ Cell Phone: _____ Work Phone: _____ <input type="checkbox"/> Yes, I would like to be a member (add \$1 for membership) I'd like to help: _____ Hoagie Sale _____ Field Maintenance _____ Work Days _____ Picture Day _____ Umpire (minor or little) _____ Opening Day _____ Umpire (pony or colt) _____ Manage a Team _____ Assist. Coach a Team</p>	<p>Mother/Guardian Last Name: (Same as above) _____ First Name: _____ Address (Same as above) _____ City: _____ Zip: _____ Email: _____ Home Phone: (Same as above) _____ Cell Phone: _____ Work Phone: _____ <input type="checkbox"/> Yes, I would like to be a member (add \$1 for membership) I'd like to help: _____ Hoagie Sale _____ Field Maintenance _____ Work Days _____ Picture Day _____ Umpire (minor or little) _____ Opening Day _____ Umpire (pony or colt) _____ Manage a Team _____ Assist. Coach a Team</p>
--	---

PARENT'S/GUARDIAN'S RELEASE AND CONSENT FOR MEDICAL TREATMENT

I, the parent/guardian of the registrant, a minor, agree that the registrant(s) will abide by the rules and by-laws of the Bellevue Avalon Baseball Association and its affiliated organization and sponsors. I, as a parent/guardian of the registrant(s), along with any guests I bring to Association events, will abide by the PARENTS' CODE OF CONDUCT.

Recognizing the possibility of physical injury associated with baseball and in consideration for the Bellevue Avalon Baseball Association accepting the registrant for its programs and activities, I hereby release, discharge and/or otherwise indemnify the Bellevue Avalon Baseball Association, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the "Programs", against any claim by or on behalf of the registrant as a result of the registrant's participate in the "Program" and/or being transported to or from the same, which transportation I hereby authorize.

As the parent or legal guardian of the above named player(s), 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 life, limb, or well being of my dependent. I hereby assume full responsibility for all and any such care.

Insurance coverage by Bellevue Avalon Baseball Association covers medical costs not covered by the family's primary medical insurance.

All families are required to help at the Refreshment Stand for 4 hours during the season. You will be notified about your date to help when the season begins.

Please be advised that the Bellevue Avalon Baseball Association does not screen players, umpires, coaches, or other volunteers for any medical problems. Therefore, each parent or guardian and other volunteer must determine, with their own physician if necessary, if the child or they are able to participate in league activities or functions.

Parents/Guardians of Pony and Colt players will be held financially responsible for the cost of a player's uniform (pants, jersey, and/or stirrups) if the complete uniform is not returned to the team manager or other Bellevue Avalon Baseball Association designee at the completion of the season or upon request.

I have read the information above and agree to all the terms outlined:

Parent/Guardian Signature _____

Print name _____ date _____

Please provide a name and phone number of an individual for emergency contact in the event we are unable to reach you by the phone number(s) you have provided.

Name: _____ Relationship: _____ Phone: _____

PLEASE NOTE ANY MEDICAL CONDITIONS FOR SPECIFIC PLAYERS HERE (Use other side of form if necessary):

First Name: _____

Medical Condition: _____

First Name: _____

Medical Condition: _____



Don't forget to visit the
Bellevue Avalon Baseball Association
website:

<http://babaseball.org>

During the season you will find:

- Team Schedules
- Field Directions
 - Standings
- Weather Link
- *And more...*