

MINOR, MAJOR AND PONY PLAYER REGISTRATION

BASEBALL, GRADES 3-8 and SOFTBALL, GRADES 1-8

(For younger players, please use our K-Ball & Rookie registration form)

REGISTRATIONFEE:

\$145 per player

There is a \$10.00 discount for each additional child registered for these programs.

Please make checks made payable to "Verona Baseball Softball League" or "VBSL". Credit Cards be accepted on-line only.

A \$25.00 late fee will apply to all applications received after January 10, 2015.

SCHEDULE

Regular-season in-town games will be scheduled from Monday through Saturday in all leagues. Travel games may be scheduled on any day of the week predominately Sunday, depending on league schedule.

RUTGERS CERTIFICATION

Rutgers Certification refers to the Rutgers S.A.F.E.T.Y. Clinic Program, a 3-hour safety orientation and skills training program that meets all the requirements of the NJ Little League Law. ALL VBSL Managers and Coaches are required to receive Certification before the 2015 season begins. Contact the VBSL for more information.

QUESTIONS?

If you have any questions about the registration process, or about any aspect of the VBSL, please e-mail:

Mike Puerari, Baseball Commissioner – Mike@veronabaseballsoftball.com
Dennis Rigney, Softball CommissionerDennis@veronabaseballsoftball.com

Additional information about the VBSL can be found on our league website: veronabaseballsoftball.com

Late registrants are not guaranteed team placement or uniform.



VERONA BASEBALL & SOFTBALL LEAGUE 2015 REGISTRATION FORM

Please fill out <u>all</u> information requested

| Check One: _ | | Baseball Softball | | Check One: | | | Male Female | | Birth Date: | | | | |
|---|---|--|--|--|--|---|--|--|--|---|-------------------------|------------------|---|
| Name: | | | | | | | | Gr | ade: | School: | | | |
| Address: | | | | | | | | Home Phone: | | | | | |
| Parent/guardian:Parent/guardian: | | | | | | | | | | | | | |
| E -mail: | | | | | | | | _E-mail: | | | | | |
| Cell Phone: | | | | | | | Cell Phone: | | | | | | |
| Other s | pring spo | orts/acti | vities | · | | | | | | | | | |
| As a pa | orent, I ar O O O O | MANA ASSIS SPON | GER STAN SOR | for my TCOAC | child' CH eam - | s team Sponso | [Rutger or Name: | s Certificatio | n and Vero | na Police B | ackgroui | nd Cl | heck required] heck required] |
| | Ü | i idoli i | g arr | | | | | one size ead | ch for shirt : | and nants). | | | |
| | SHIRTS PANTS | SIZE: | O PLE | | O Note | ample un | iforms will | O YXL O YXL O NOT come in the available a cong size will the | O AS 1 Youth XL t registration | | | O | AXL AXL |
| Non-pa | rent Eme | | | - | | | | | • | | | | |
| Allerav | or seriou | s medic | cal co | onditions | s. | | | | | | | | |
| I hereby any loss restriction the VBSI agree to | give perm or injury on. I have L personn be bound | nission f incurred provide el/coach by the \ | for my I by m d an e nes to /BSL | child to y child w emergend contact Parent's | partic vhile p cy nur appro Code | playing or mber in the priate em of Ethics | r practicing he event the nergency p s. | . My child is i at I cannot be | n good healt located whil uld my child | h and able to e my child is need treatm | participa at practic | te wit e or a | ves responsible for thout game. I authorize nce. By signing, I |
| | Method of Payment: | | | | O Cas | sh: | O Credit C | ard: | O Chec | O Check No. | | | |
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