# PLAYER REGISTRATION

## K-BALL (Kindergarten)
## ROOKIE BASEBALL (1st & 2nd Grade)

All boys and girls who reside or attend school in Verona and are in Kindergarten, First or Second Grade are invited to participate in the Verona Baseball & Softball League Developmental Programs.

K-Ball is for Kindergartners. Players learn the fundamentals of playing baseball through hitting, fielding and running drills, as well as some game activity at the end of the season. This is a non-competitive learning environment. Programs take place on Saturday mornings from April through June.

Rookie Baseball is for First and Second Grade Baseball. Each session combines fundamental training followed by a non-competitive game on a ball field where only the coaches pitch. The Rookie League program includes multiple sessions with a Fred Hill Sports Academy trainer that will be held during the week as well as games on Saturday mornings.

Uniform T-shirts and hats are provided at all three levels. Tee balls, helmets and bats will be provided. Each player must supply his or her own age-appropriate glove. We recommend each child invest in personal helmets, faceguard required.

Managers and assistant coaches are needed for Rookie League teams. Managers and station volunteers are needed for K-Ball. If you are interested in participating in any way, please indicate your availability on the form.

REGISTRATION FEES:

| K-Ball: | Rookie: |
|---|---|
| $60 per child | $110 per child |

Please make checks payable to "Verona Baseball & Softball League" or "VBSL."
Credit cards will be accepted during on-line registration.
Application can also be dropped off in the VBSL Lockbox located in the VCC Lobby (on left).
A late fee will apply to all applications received after January 10, 2014.

RUTGERS CERTIFICATION

ALL VBSL Managers and Coaches are required to receive Certification before the 2014 season begins. 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. 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 us at the league e-mail address, VBSLBoard@yahoo.com.
Additional information about the VBSL can be found on our league website: www.leaguelineup.com/vbsl

# VERONA BASEBALL & SOFTBALL LEAGUE
# 2014 REGISTRATION FORM

*Please fill out all information requested*

*Check one:* O K-Ball (Kindergarten) *Check one:* O Male

O Rookie (1st Grade) O Female

O Rookie (2nd Grade) Birth Date: _____

Name: _____ Grade: _____ School: _____

Address: _____ Home Phone: _____

Parent/guardian: _____ Parent/guardian: _____

e-mail: _____ e-mail: _____

Cell Phone: _____ Cell Phone: _____

Other spring sports/activities _____

As a parent, I am interested in applying for the following positions:

O MANAGER for my child's team *[Rutgers Certification and Verona Police Background Check required]*

O ASSISTANT COACH *[Rutgers Certification and Verona Police Background Check required]*

I am interested in:

O SPONSORING a team - Sponsor Name: _____

O Placing an ADVERTISEMENT on the VBSL Website

SHIRT SIZE *(check one size):*

O YS (4-5) O YM (6-7) O YL (8-10) O AS (14-16)

PLEASE NOTE: *Sample shirts will be available at registration for appropriate sizing.*
*Any player who orders a shirt of the wrong size will be charged the cost of a replacement.*

Non-parent Emergency Contact: _____ Cell: _____

Allergy or serious medical conditions: _____

I hereby give permission for my child to participate in this program. I will not hold the VBSL or any of their representatives responsible for any loss or injury incurred by my child while playing or practicing. My child is in good health and able to participate without restriction. I have provided an emergency number in the event that I cannot be located while my child is at practice or a game. I authorize the VBSL personnel/coaches to contact appropriate emergency personnel, should my child need treatment in my absence. By signing, I agree to be bound by the VBSL Parent's Code of Ethics.

Parent/Guardian Signature: _____

Method of Payment: O Cash: O Credit Card: O Check No. _____