



2010 EPHRATA BASEBALL PLAYER REGISTRATION

All players ages 5-19 in the
Ephrata School District are eligible

The Ephrata Baseball Association provides quality instruction in a fun and safe environment

- Playing opportunities range from developmental and recreational leagues to competitive travel teams
- Open Clinics will be offered throughout the year.

Spring Registration Fees

Rookie/T-ball: \$50
 12 & Under (A/AA/Majors): \$75 (2nd child \$60, 3rd \$15)
 13/14 (Lancaster Youth League & Community League): \$85
 16U & 19U (Pride & Legion): \$100
 Family Maximum: \$150
 For more information, visit www.ephratbaseball.org

Register:

- Registration Location- 300 Chestnut Street (Use Park Avenue Entrance, Loading Dock)
 - Saturday December 5, 2009 from 10:00 am to 12:00 pm, Sunday December 6 1:00pm to 3:00pm
 - Wednesday December 9 6:00 pm to 8:00 pm, Sunday December 13 1:00 pm to 3:00 pm
- (Registration will be received on-site only! Late fee of \$15.00 applies after January 1, 2010***
No hardships will be granted after January 1, 2010

Player Information

Last Name _____ First _____ MI _____

Birth Date (mm/dd/yy) ____ / ____ / ____ Age on April 30, 2010: _____

Sex M/F (circle one) Elementary School _____ School District _____ Grade _____

Parent Information

Last Name _____ First _____ M _____

Address _____

City _____ State _____ Zip Code _____ Home Phone _____

Cell/Work Phone _____ email _____

Parent's Authorization

I give my permission for _____
 to participate in baseball with Ephrata Baseball Association, Ephrata Area Little League or Norlanco Premier Baseball Association. I understand that participation in baseball may result in serious injury and protective equipment does not prevent all injuries to players. I hereby waive, release, absolve and agree to hold harmless Ephrata Baseball Association, Ephrata Area Little League, Norlanco Premier Baseball Association, Little League Baseball Inc., the organizers, sponsors, supervisors, participants, coaches, instructors and persons transporting my child to and from activities for any claim arising out of any injury to my child whether the result of negligence or for any cause, except to the extent and in the amount covered by accident or liability insurance.

I have read and understand the above information.

Parent's Signature: _____ Date: _____

Volunteer Opportunities

- Please circle the volunteer opportunity that interests you:
- ❖ Manager/Coach
 - ❖ Team Liaison
 - ❖ Umpire
 - ❖ Fundraiser
 - ❖ Board Member
 - ❖ Publicity
 - ❖ Special Events
 - ❖ Field maintenance
 - ❖ Equipment & Uniforms