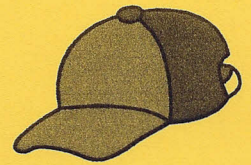




COLOMA TOWNSHIP PARK DISTRICT
 508 East 11th Street P.O. Box 562
 Rock Falls, Illinois 61071-0562
 Phone 625-0272



TO ALL PROSPECTIVE TEE BASEBALL PARTICIPANTS OF THE 2011 SEASON:

Beginning March 21, 2011 open registration will be taken on a first come, first serve basis. Registration will be accepted at the Park District Office ONLY from 9:00 am – 5:00 PM, Monday – Friday. Our office is located at 508 East 11th Street in Rock Falls, (at the entrance to Centennial Park). The required \$31 registration fee, which must be paid at this time, pays for a hat, shirt and medical insurance. Players keep their hats and shirts at the end of the season and it is necessary to have a new hat and shirt each year. Those boys and girls who are eligible to play Tee Baseball are those who will turn six on or before September 1, 2011 and who will not turn nine until after September 1, 2011. (Exception – Individuals who played Tee Baseball last year (2010 Season) and whose 9th birthday is in August are still eligible to play the 2011 Season.) Practices begin the first week of May, allowing for three hours practice time per week. The season opens the week of May 30th. All games are played at Sieglinger Memorial Park in the Tee Baseball Stadium located at the South end of Ninth Avenue across from the water tower in Rock Falls. Regular season play runs for seven weeks with the eighth week set aside for a post season tournament. Games are played Monday through Thursday evenings with Friday evenings to be used for make up games. The Tee Baseball League has a total of sixteen teams with a maximum of 18 players per team. If you have any questions, please call the Park Office at 625-0272 for more information.

PLEASE COMPLETE AND RETURN THE BOTTOM PORTION!!! PRINT ALL INFORMATION

MALE [] COLOMA TOWNSHIP PARK DISTRICT
 FEMALE [] APPLICATION TO PLAY TEE BASEBALL SHIRT SIZE _____

BORN _____ AGE AS OF September 1, 2011 []
 CHILD'S NAME **PRINT ALL INFORMATION** MONTH DAY YEAR

STREET ADDRESS CITY PHONE SCHOOL

I/We, the parents of the above candidate for a position on a Tee Baseball Team, hereby, give my/our approval to his participation in any and all Tee Baseball activities during the current season. I/We assume all risks and hazards incident to such participation including transportation to and from the activities; and I/We so hereby waive, release, absolve, indemnify and agree to hold harmless the local baseball, inc., the organized sponsors, supervisors, participants and persons transporting my/our child to or from activities, for any claim arising out of any injury to my/our child.

PARENT SIGNATURE _____ DATE _____
 FATHER'S NAME _____ MOTHER'S NAME _____

- A. If you played last year, what team did you play for? _____
- B. Would you be interested in coaching a team this year? YES NO [circle one]
 If YES, which parent? _____
- C. Would you be interested in managing a team this year? YES NO [circle one]
 If YES, which parent? _____
- D. Would you be interested in being an Auxiliary Officer? YES NO [circle one]
 If YES, which parent? _____
- E. Would you be interested in being a team parent? YES NO [circle one]
 If YES, which parent? _____

\$31 REGISTRATION FEE MUST ACCOMPANY THIS FORM!!!!
 Special requests will be considered, but **ARE NOT GUARANTEED!!!**