

# Berkshire Optimist Baseball Club

**P.O. Box 170, Womelsdorf, PA 19567-0170**  
**Phone: 610-927-4306 Fax: 610-927-4307**

Attention Players & Parents:

As a returning member of the organization, you have been cordially invited to participate for the 2010 Berkshire Red Sox Select 14-Under Fall baseball team.

This team, which is for players in 8<sup>th</sup> and 9<sup>th</sup> grade for the 2010-11 school year will play a very competitive schedule during the late Summer and Fall of 2009. Our season will begin with the Hooters Wood Bat Classic and will end with a trip to a long distance tournament trip either the last weekend of October or the first weekend of November (location & dates will be finalized soon).

All players in the program will receive the following benefits:

- *Pair of Mizuno Vintage model cleats & Thermo L/S shirts;*
  - *Batting Helmet (New players);*
  - *Berkshire Red Sox embroidered "Travel Shirt" for road trips;*
  - *Berkshire Red Sox team bag with number (new players);*
  - *Berkshire Red Sox warm-up jacket or sweatshirt;*
  - *Berkshire Red Sox uniform & T-shirts for the player to keep;*
  - *Our team roster will be listed on the Berkshire Red Sox web site at <http://www.BerkshireBaseball.com>;*
  - *All players are eligible for a Berkshire Baseball Scholarship in their senior year of high school;*
  - *Cost of the program includes all lodging and travel for our overnight trips.*
  - *Roundtrip transportation and lodging to the Sports at the Beach Tournament in Rehobeth Beach, DE\**
  - *Roundtrip transportation and lodging for the final trip\**
- \* Dates & locations are tentative, actual trip locations will be finalized by January, 2009.*

The total cost of this program will be \$1,100.00 per player. As always, we will be offering several ways for players and parents to offset the cost of the program through various fundraising efforts.

In order to secure you spot on the roster, we will require that you submit all registration paperwork and a \$150.00 non-refundable deposit.

Please feel free to call me at 610-927-4306 for more information on this program.

Yours in Baseball,

Dan Clouser  
General Manager

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Attention Berkshire Red Sox 14-Under & 16-Under Fall Baseball Participants:

Below you will find the payment schedule for your participation in the Berkshire Red Sox 14-Under and/or 16-Under Select Fall baseball programs. The payment schedule below does not take into account any credit that the players might earn through fundraising. We will make adjustments to balances owed after each fundraiser is completed.

<u>Payment Number</u>	<u>.....Due Date.....</u>	<u>Amount</u>
1 <sup>st</sup> Deposit Due.....	@ Registration .....	\$150.00
Payment #2.....	March 15, 2010 .....	\$250.00
Payment #3.....	April 15, 2010 .....	\$250.00
Payment #4.....	May 15, 2010 .....	\$250.00
Final Payment .....	June 15, 2010 .....	Remaining Balance (less Fundraising credit)

\*Players must have entire balance paid in full prior to receiving their uniform.

Please feel free to call me at 610-927-4306 with any questions concerning the above payment schedule.

Thank you and I look forward to a very enjoyable season of baseball.

Yours in Baseball,

Dan Clouser  
General Manager

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## **WAIVER/RELEASE FORM**

***SEASON: FALL, 2010***

PARTICIPANTS NAME: \_\_\_\_\_

I understand that baseball is an athletic activity. As an athletic activity, the above named participant is responsible for all health risks associated with the activity. I, the undersigned, release the Berkshire Optimist Baseball & Softball Club from any and all liabilities concerning this activity and the athletic activities that will take place therein.

Finally, I/we agree that in the event of illness or injury to my son/daughter during a Berkshire baseball game, practice or trip, I/we hereby give consent for the performance of such diagnostic, medical and/or surgical treatment on my child as may be deemed medically necessary in order to assure the safety of my child.

\_\_\_\_\_  
SIGNATURE PARENT/GUARDIAN

\_\_\_\_\_  
DATE

FAMILY PHYSICIAN & PHONE NUMBER: \_\_\_\_\_

EMERGENCY CONTACT PERSON: \_\_\_\_\_

EMERGENCY TELEPHONE: \_\_\_\_\_

MEDICAL RESTRICTIONS: \_\_\_\_\_

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## 14-Under Select Fall Baseball Team

### PLAYER REGISTRATION FORM

PLAYERS NAME: \_\_\_\_\_

PLAYERS EMAIL ADDRESS: \_\_\_\_\_

PARENTS NAME: \_\_\_\_\_

PARENTS EMAIL ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: (\_\_\_\_\_) \_\_\_\_\_

HIGH SCHOOL: \_\_\_\_\_

HS COACH: \_\_\_\_\_ PHONE: (\_\_\_\_\_) \_\_\_\_\_

SUM COACH: \_\_\_\_\_ PHONE: (\_\_\_\_\_) \_\_\_\_\_

HAT SIZE: \_\_\_\_\_ SHOE SIZE: \_\_\_\_\_

PANT SIZE: S M L XL

SHIRT SIZE: S M L XL XXL

PRIMARY POSITION: \_\_\_\_\_ SECONDARY POSITION: \_\_\_\_\_

BAT: \_\_\_\_\_ THROW: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ GRADUATION YEAR: \_\_\_\_\_

***\*PLEASE ATTACH A COPY OF PLAYERS BIRTH CERTIFICATE  
WHEN SUBMITTING YOUR REGISTRATION FORM.***

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## PLAYER'S CODE OF CONDUCT AGREEMENT

Player's participating in the Berkshire Optimist Baseball & Softball Program are exercising a privilege afforded them in pursuit of local, state, regional, and national recognition as youth and adult baseball players. These players must exhibit maturity to be successful in this pursuit. Thus, the following guidelines and rules shall apply in all activities within the Berkshire Baseball & Softball Program:

### GENERAL GUIDELINES

Players are expected to conduct themselves at all times in a manner which is in keeping with representing Berkshire Baseball & Softball and will not bring discredit upon either association.

When traveling with the Berkshire Baseball & Softball Program, each player is expected to show respect for property of others, adherence to the rules and guidelines as specified here or by the Coach/Administrator and observance of State and Federal laws, for participation in this program.

### DISCIPLINE RULES

Violating or ignoring any of the following is cause for immediate disciplinary action and/or dismissal from the program.

1. Substance use and/or possession thereof (drugs, alcohol and/or tobacco including chew tobacco).  
Note: It is your responsibility to prevent situations from occurring and avoiding situations that occur. Don't allow anyone, including your roommates, to bring these substances into your room. You should leave anytime substances are present! You must take total responsibility for your actions.
2. Irresponsible and disrespectful behavior.
3. Destruction of property or violation of State and Federal laws. Furthermore, any fines, fees, or repair costs incurred will be the responsibility of the player or players involved in any property destruction.
4. Failure to comply with any and all team rules (curfew, attendance, punctuality, schedules, etc.). Persistent failure may be cause for dismissal from the program and could affect the player's future participation.

### RESPONSIBILITY

I, \_\_\_\_\_ will conduct myself in a manner respecting the facilities, other players, umpires, and the  
(print name of player)

Coaching and Administrative staff of the Berkshire Baseball & Softball Program. Further, I understand that if I am found to be in violation of the above rules and guidelines, that I am subject to immediate disciplinary action and/or dismissal from the program. I understand and accept the fact that if dismissed from the program or event while traveling, I may be sent home at my or my parent's expense by whatever means is most convenient for the Team Manager. Further, if I am dismissed from the program or event or I voluntarily quit the program at any time, I understand that program, registration or event fees will not be reimbursed.

**We, the undersigned, have read, understand and agree to abide by the above guidelines and rules. We also agree to accept actions taken for failure to abide by these guidelines and rules.**

\_\_\_\_\_  
Player's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date