Fairfield Sports 2002 Fall Baseball Registration

Registration Information

Registration for Fall Baseball will only be accepted though U.S. Mail. Mail the completed registration form and payment to:

Fairfield Sports

15201 Mason Road P.O. Box 311 Suite 1000

Cypress, Texas 77433 Limited space is available for Fall Baseball. Registration will be on a first come first served basis.

Divisions and Fees

<u>Age on July 31, 2003</u>. Birth Certificate or other proof of age will be required. Players who have proof of age on file with Fairfield Sports will not be required to present birth certificates.

AA Division (Coach Pitch) 7-8 year olds \$90.00
AAA Division 9-10 year olds \$110.00
Major Division 11-12 year olds \$110.00

No refunds after the first game. There is a \$25.00 refund fee prior to the first game. All divisions are coed. Player will be furnished with a Minor League replica team jersey, cap and socks.

Team Formation

AA Division

AA Division will be limited to 5 teams with 13 players per team.

Seven and eight year olds will have tryouts on August 17and will be drafted onto AA Division teams.

AAA Division

AAA Division will be limited to 5 teams with 12 players per team.

Nine and ten year olds will have tryouts on August 17 and will be drafted onto AAA Division teams.

Major Division

Major Division will be limited to 3 teams with 12 players per team.

Eleven and twelve year olds will have tryouts on August 17 and will be drafted onto Major Division teams.

Game Schedules and Practices

Practices may commence on August 19. Opening day is September 16. The season ends on November 8. Awards will be given to the 1st and 2nd place teams based on season records.

AA Division – 12 game season, one or two games per week AAA Division – 12 game season, two games per week Major Division – 12 game season, two games per week

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Players Name:			Phone Number:	
Male:	Female:	Birth Date:	Age as of July 31, 2003:	(League Use Only) Age Certification:
Address:			City:	Zip:
Mother's Name:			Father's Name:	
Mother's Work Phone:			Father's Work Phone:	
support of	the parents of o		whose success is dependent on t icate by checking the boxes below program.	
	other Coach Scorekeepe Team Mana Referee	ager	Tea	orekeeper/Monitor am Manager eree

I hereby give my full permission for my child to participate in the $Fairfield\ Sports\ Dixie\ Youth\ Baseball\ Program.\ I understand that injuries may occur as a result of playing baseball and/or t-ball and agree to hold harmless the Fairfield Village Community Association and Fairfield Fitness, Inc. I also give my permission to the paid and/or volunteer staff of the <math display="inline">Fairfield\ Sports\ Dixie\ Youth\ Baseball\ Program\ to\ seek\ medical\ assistance\ in the\ event\ I\ cannot\ be\ contacted\ if\ my\ child\ is\ injured\ while\ participating\ in\ this\ program.$

Parent or Legal Guardian Signature:	Date: