MIDLAND PARK BASEBALL ASSOCIATION

2014 In-Town Recreation Application

Visit our website: http://www.leaguelineup.com/mpba midlandparkbaseball@gmail.com

Please read both sides of this application and sign where indicated

Registration Saturday, January 11th, 2014 10:00 am – 2:00 pm at the DePhillips Community Center Or mail the signed application and check to: Midland Park Baseball Association, PO Box 501, Midland Park, NJ 07432

In-Town Recreation – The cornerstone of our league. Instructional, age appropriate baseball. Teams are comprised of Midland Park children and children attending school in Midland Park. At some age levels, we will play recreation games against other towns, such as Waldwick. Players are guaranteed a minimum of playing time. League runs from early April to early June. Anyone interested in playing Travel ball <u>must</u> also participate in this league.

Per player and max. family fee (See Fee Schedule and registration deadlines on other page) (Please Note: The Max Family Fee is based solely on participation in the baseball program alone)

Clinic	Pre-K and K	- Once a week on Saturday's
Pee Wee Division	1 st and 2 nd Grade	- Weekday and Saturday Coaches pitch
Farm Division	3 rd and 4 th grade	- Weekday and Saturday - Kids pitch 46' - Umpired games
Junior Division	5 th and 6 th grade	- Weekday and Saturday - Kids pitch 50' - Umpired games
Senior Division	7 th and 8 th grade	- Games are among 5 towns, weekdays and Saturdays. Full field.

Note: Minimum 2 years playing time is **suggested** at each division prior to moving up. Only at the discretion of the Division Chief is a child allowed to advance to the next level based on his or her abilities and after consulting with the child's current coaches. If you feel you child should stay another year in a lower division, please let us know and we will work it out. We want kids to play at the appropriate level for their talent and not discourage any child.

PARENTS PARTICIPATION IS REQUIRED - Please Mark your preference(s):

o Team Manager ____ o Coach____ o Team Parent ____ o Year End Picnic ____ o Opening Day____

o Snack Bar Volunteer - All parents whose child plays at the Upper Vets field is required to participate.

<u>Please be advised that some special requests can be honored at the younger levels, Clinic and Pee Wee.</u> Special requests may not be honored at the upper divisions. Final team selection is at the discretion of MPBA officials to ensure that parity is achieved within each in-town recreation division.

Please read Description of selections above:

<u>Team Manager</u> – Head Coach- responsible for handing out uniforms and coordinating rainout notification with Division Chiefs and team parents. Set up of line ups and children's playing time as well as working with other coaches to ensure fair play and good sportsmanship.

<u>Coach</u> – Assistant to the Manager – responsible for assisting the manager and other coaches teaching the boys and girls the game of baseball. Coach may have to coordinate with team parent and other coaches regarding schedules and rainouts. Also working with the other coaches and manager to ensure fair play and good sportsmanship is achieved. <u>Team Parent</u> - Responsibilities include liaison between team manager, coaches and team parents. Duties include notifying parents regarding rainouts and schedule changes and assist in handing out of team paperwork. <u>Year End Picnic</u>- Parent responsibilities include assisting in the set up and distribution of food and drinks to baseball/softball participants and their families. Handing out of tickets and various fundraising as well as final clean up. <u>Opening Day</u> – Parent responsibilities include the assisting of coaches in the starting of and coordination of children during parade route. Set up of field including banner signage and distribution of raffle tickets.

Please note that volunteer participation in these roles is a great help to the entire organization. With the parent's volunteer participation, the board members, managers and coaches can more effectively focus on organizing and teaching the game of baseball to the children. The league appreciates all of its volunteers and the time they will be donating towards the league. Volunteers are what make our program highly successful.

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PLEASE PRINT CLEARLY!!

CHILD'S NAME			Date of Birth - MONTH DAY YEAR
			WILL BE AGE
STREET ADDRESS			On April 30, 2014
CITY	STATE	ZIP	PHONE
his/her participation in any or all the activities of M the activities and transportation to and from the a Baseball Congress (A.A.B.C.), the organizers, spo hereby waive all claims against the organizers the the above-named candidate upon request of Leag will be returned upon request or I/We will assur secondary; all bills must be submitted first to your Baseball Assoc. Rules and Regulations. <u>Parents c</u>	1.P.B.A. Inc, during the cu ctivities. I/We hereby rele onsors and all the superv sponsors or any of the s jue officials. I/We understand the the cost of these mathematical primary carrier. I have ex- ode of conduct to be signed	urrent season. I/We assu ase absolve indemnify a isors, any or all of them upervisors appointed by and that all baseball unif iterials. Registration fee xamined this application ed on separate form to b	
	<u>s or Legal Guar</u>	dian please sig	n below
**Father's Signature		**Mother's Signatu	re
Father's Name Printed		Mother's Name Prin	nted
Family Health Insurance or HMO	_		
School	Grade	E-Mail Address	
 B. Complete the Rutger's Safety training Department with your home & email C. Complete a criminal background che association each time you apply to o D. All coaches must watch the online on http://www.cdc.gov/concussion/Head 	address on it. eck & submit a copy of coach. oncussion seminar vide	your background che	ck certificate directly to the respective sport
(A, B, C & D <u>must</u> all be completed before Associations)	you can begin coach	ing or be considered	as a board nominee for any of the MPYS
<u>Please make checks payable to Midla</u> o Clinic/Pee Wee Recreation Progra o Farm/Junior/Senior Recreation Pro There is a family cap of \$170 per fa	ım - \$70 ogram - \$110		
Payment must accompany application or Refunds or cancelled checks may be sul			
<u>No Applications will be accepte</u> that date.)	ed after January	<u>, 15th, 2014 (exc</u>	ept for people new to town after
Player Shirt Size Player Pa	nts Size P	layer Numbers ar	e random.
LEAGUE OFFICIAL USE ONLY			

Check Number _____ Amount \$_____ Date __/_/201__