

TREASURE VALLEY BASEBALL ACADEMY HIGH SCHOOL COMBINE

Registration Dates

Saturday, January 14, 2012

3:00pm – 5:00pm

Saturday, January 21, 2012

3:00pm – 5:00pm

Saturday, January 28, 2012

3:00pm – 5:00pm

****All Registrations will be held at 4580 W. White Ash Drive in Meridian****

You may also contact Don Slattery to receive a registration form via email, complete the form and mail the completed form with payment to the address above.

Cost

\$200 per child with a \$15 multi-child discount

Please don't let money be an issue, contact one of the people below to discuss options

Requirements

1. Child must turn 13 years old on or before May 1, 2012 and cannot be 16 before this date.
2. Child must be registered in one of the local youth baseball leagues in order to be a part of this program.
3. Child must live in the boundary of one of the participating High Schools. Participating schools are Eagle, Rocky Mountain, Vallivue, Centennial, Meridian and Mtn. View.

Schedule

*March 10, 17 and 24 – Three hour instructional clinic at your High School field starting anytime after 2:00pm taught by the High School Baseball Staff. Times TBD by individual programs.

*March 31, April 7, 14 and 21 - 7 inning game that will be coached by a dad selected by TVBA staff. Game locations and times TBD. If there are enough kids to form two teams at a school, the teams will be divided as equal as possible by Treasure Valley Baseball Academy staff.

*Each child will be provided with a shirt representing their High School and a TVBA hat.

If your child has aspirations of playing High School Baseball, this program is exactly what he needs to help him be successful at the next level. The coaches will be teaching their philosophies on hitting, fielding, pitching, base running, etc...

We will not accept any registrations after February 4th

Questions contact:

Don Slattery – slatterydon@juno.com or 890-5847



TREASURE VALLEY BASEBALL ACADEMY
4580 W. WHITE ASH DRIVE
MERIDIAN, ID 83646

Date Received _____ League Age _____
Payment: Cash _____ Check # _____
Total Received _____ By _____

REGISTRATION FORM 20____season

Circle Your Shirt Size Below

Shirt Size Youth: L XL Adult: S M L XL

DATE OF BIRTH _____ / _____ / _____ Years of Organized Play _____

Players Name _____
Last First MI

Home Address _____
Street City Zip

Home Phone _____ - _____ High School Attending _____

Father's Name _____ Cell# _____
Please Print

Mother's Name _____ Cell# _____
Please Print

Email Address _____

EMERGENCY CONTACT (other than parent) Name _____ Phone _____ - _____

Medical Insurance _____ Doctor _____ Phone _____ - _____

Parental Indemnity: I, parent or guardian of the above named candidate for a position on a baseball team, hereby gives approval to his participation in any and all league activities during the current season. I assume all risks and hazards incidental to such participation, including transportation to and from the activities; and do hereby waive, release, absolve, indemnify and agree to hold harmless the local league organization, Treasure Valley Baseball Academy, the high school coaches and facility, the organizers, sponsors, supervisors, participants, coaches, board members, and volunteers transporting the players to and from activities, for any claim arising out of injury to the player, except to the extent and in amount covered by accident and/or liability insurance by the local league.

Medical Release: I certify that the participant named above is physically qualified to participate in the Treasure Valley Baseball Academy program and Treasure Valley Baseball Academy or its representatives, coaches, sponsors or other volunteers will not be held responsible for any injury sustained during practices and games or transportation thereto. Further, I hereby give my consent for League officials, coaches, or agents to administer first aid or seek professional medical assistance as necessary to preserve life, limb or well being of the participant and agree to not hold Treasure Valley Baseball Academy or its officials and agents liable for providing such medical assistance.

Refund Policy: Refund of registration fees will be granted before the season begins only in situations where the player cannot participate due to circumstances beyond his control. Refunds must be requested in writing stating the reason for the request and mailed to the address above. There is a \$10.00 processing fee for each refund which is deducted from the refund check. **No Refunds Will Be Granted After March 12th.**

Equipment Damage: I, parent or guardian further agree, if above named candidate is abusive to the league's equipment or field equipment/property resulting in damage, I will replace or repair such items to its original condition before the player is allowed to participate in any additional games/practices.

I would like to volunteer to help coach the games: Yes No

Signature of Parent/Guardian

_____/_____/_____
Date