

FOSTER CITY LITTLE LEAGUE

2008 FALL BASEBALL PROGRAM

Foster City Little League will again offer a fall baseball program for players that are league ages *8 – 12. The Fall Ball program is non-competitive and is focused to improve individual player skills. No standings are kept and the entire roster will bat.

All games will be played in Foster City on Sundays, from early September thru early November. Typically there will also be one team practice per week. There will be 12 – 14 players on each team.

Fall Ball will be divided into two divisions, based on a player's age as of April 30, 2008:

- Minors Division, ages *8 and 9
- Majors Division, ages **10 and 11

Teams will only play other teams within their division. *Eight-year olds that have already played on a Spring AA team may play in the Minors Division. **Ten-year olds that have already played on a Spring Majors team may play in the Majors Division.

Normal Little League rules will apply, subject to the following local rules for the fall program:

- The entire roster bats
- Games will be 6 innings long, subject to a time limit
- Free substitution of players
- Pitchers limited to 75 pitches per day (Minors), 85 pitches per day (Majors)

The registration fee for the program is \$75. This includes a uniform (which the players will keep), insurance and supplies.

To enroll:

- Complete the attached registration/medical release form
- Include check for \$75 per player
- Mail by JULY 15th to:

Foster City Little League
Fall Ball
P.O. Box 4011
Foster City, Ca. 94404

For questions, please contact Tony Genelza at tgenelza@fcll.org

FOSTER CITY LITTLE LEAGUE

FALL BALL COACHES' INFORMATION AND MEDICAL RELEASE

PLAYER INFO

PLAYERS FULL NAME _____ BIRTH DATE ____/____/____

STREET ADDRESS (AND CITY, IF NOT FOSTER CITY) _____ HOME PHONE _____

LAST YEAR'S TEAM _____ DIVISION _____ (CIRCLE ONE) MALE FEMALE

PARENT OR GUARDIAN INFO:

EMAIL ADDRESS FOR LEAGUE NOTICES _____

FATHER'S FULL NAME _____ HOME PHONE _____ CELL/WORK PHONE _____

FATHER'S EMPLOYER _____ FATHER'S ADDRESS (IF DIFFERENT) _____

MOTHER'S FULL NAME _____ HOME PHONE _____ CELL/WORK PHONE _____

MOTHER'S EMPLOYER _____ MOTHER'S ADDRESS (IF DIFFERENT) _____

SCHOOL _____ GRADE ____ PLAYER LIVES WITH: (CHECK ONE) __BOTH__ MOTHER__ FATHER

MEDICAL / EMERGENCY INFO

(IN CASE OF EMERGENCY AND YOU CAN'T NOTIFY EITHER OF THE ABOVE, PLEASE CONTACT ONE OF THE FOLLOWING)

NAME _____ HOME PHONE _____ CELL _____ WORK _____

NAME _____ HOME PHONE _____ CELL _____ WORK _____

DOCTOR'S NAME _____ PHONE _____

DENTIST'S NAME _____ PHONE _____

INSURANCE PLAN _____ POLICY NUMBER _____

OTHER (MEDICAL/OTHER INFO TO BE NOTED) _____

TEAM/COACH REQUESTS _____
(WE WILL ATTEMPT TO ACCOMMODATE YOUR REQUEST, BUT NO GUARANTEES WILL BE MADE)

• **** LEAGUE USE ONLY ****

ID# _____ AGE _____ DIV _____ B/C _____ PAID _____ cash/check

PARENT'S MEDICAL RELEASE

In case of emergency, I the undersigned parent or legal guardian of the participant, a minor, hereby authorize and give my permission for the team manager, adult coach, assistant coach, parents of team members acting in the capacity of supervisor, or any board member of Foster City Little League, Inc. to have my/our child treated by any licensed emergency medical technician, physician, dentist and/or hospital. In the event there is an emergency and I cannot be reached, please contact the people or persons listed on the other side of this form immediately. I also do hereby waive, release, absolve, indemnify and agree to hold harmless Foster City Little League, Inc., the organizers, sponsors, supervisors and participants for any claim arising out of any injury to me, the participant or my family, and whatever the result of said negligence, or for any other cause except tot he extent and in the amount covered by accident and/or liability insurance.

I ALSO AGREE TO SUPPORT THE FOSTER CITY LITTLE LEAGUE PROGRAM AND TO WORK WITH THE LEAGUE TO PROMOTE THE BEST POSSIBLE ATMOSPHERE FOR BASEBALL. I UNDERSTAND THAT ALL MANAGERS, COACHES, UMPIRES AND BOARD MEMBERS ARE VOLUNTEERS, AND THAT I WILL ENCOURAGE GOOD SPORTSMANSHIP BY DEMONSTRATING POSITIVE SUPPORT FOR ALL PLAYERS, COACHES AND OFFICIALS AT EVERY GAME AND PRACTICE.

MR/MRS _____ RELATIONSHIP _____ DATE _____