

## **2010 MHCA Tee-Ball/Coach Pitch Information Sheet**

Welcome to Midvale Heights Community Association Baseball! MHCA Baseball is a three-league system designed to teach the fundamentals of baseball in a positive atmosphere.

### **Tee-Ball (Tuesdays at 6:00 pm & 7:00 pm at Piper Park and Segoe Park)**

Tee-ball players should be beginners between the ages 4 and 6 (**kids must be 4 or turning 4 during the summer to be eligible**). There is a focus on fun while introducing the basics of baseball. Teams hit their entire line-up for each of the two inning games.

### **Minor Coach Pitch (Thursdays at 5:45 pm & 7:00 pm at Piper Park and Segoe Park)**

Minor leaguers are kids ages 5 to 7, who are fresh from Tee-ball, have hit pitching at home, or have 1 year of coach pitch experience. Focus for minor leaguers is placed on hitting and base running as well as basic fielding skills. While teams hit their entire line-up each of their three inning games, outs are enforced and only "legal" runners are allowed on base.

### **Major Coach Pitch (Wednesdays at 5:45 pm and 7:00 pm at Midvale School)**

Major leaguers are kids ages 7 to 9+ who can hit coach pitching. For these kids, the entire game is brought together. Fielding skills are emphasized as well as base running and hitting. All baseball rules including three outs per inning are enforced.

### **Fees: MHC Residents = \$30.00 and Non-MHC Residents = \$40.00**

All fees are due with your registration forms by April 22, 2010

**Team Requests:** You may request that **one (1)** other child (other than a sibling) be placed on a team with your child. To make this possible, please mail both (your child and the friend's) registration forms and fees in the same envelope. Please, one child per registration sheet. We will try our best to honor all your requests.

**\* The season will begin the week of June 14 & end the week of August 2 \***

**Release:** MHCA requires that you fill out the attached registration and release form in its entirety and that you read, sign the release portion where indicated, and return before your child will be allowed to play.

### **Mail to:**

MHCA c/o  
Michael Pressman  
5010 Woodburn Dr.  
Madison, WI 53711

### **For any other information, please contact:**

Mike Pressman 288-0993  
Email: [mmpressman@charter.net](mailto:mmpressman@charter.net)

(You can also drop the application & check off at my house)

# Midvale Heights Community Association Tee-Ball/Coach Pitch 2010 Registration & Release Form

**\*\*MHCA requires that you fill this registration and release form in its entirety and that you read, sign the release portion where indicated, and return before your child will be allowed to play.**

**Player / Participant: Please PRINT all information...**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Male or Female: \_\_\_\_\_ Phone #: \_\_\_\_\_

Grade entering in fall 2010: \_\_\_\_\_ School: \_\_\_\_\_

**Please circle your child's participation / level choice:**

(a) TEE-BALL (b) MINOR COACH PITCH (c) MAJOR COACH PITCH  
(Ages 4-6) (Ages 5-7) (Ages 7-9)

Name of Last Year's Team & League (if any): \_\_\_\_\_

Shirt Size: Please mark (X) your child's tee shirt size (all shirts are child sizes).  
\_\_\_\_\_ SM (6-8) \_\_\_\_\_ MED (10-12) \_\_\_\_\_ LG (14-16) \_\_\_\_\_ XL (18)

**Parent support and participation are essential to the success of MHCA Baseball. Coaches are (obviously) needed to head up the team. It's really fun and easy and there's lots of help too. So...**

**\*\*Yes! I will coach or be willing to assist the coach:**

(Please Print Your Name Here):

\_\_\_\_\_

\* All coaches and assistant coaches will receive a free MHCA COACH T SHIRT

\* The season will begin the week of 6/14/10 and end the week of 8/2/10

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**Parent or Guardian Name:**

**Parent / Guardian:** \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

**Parent / Guardian:** \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Request for Team: \_\_\_\_\_

**In Case of Emergency:**

**Adult Other Than Parent:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_

**Name of Physician / Clinic /Hospital:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Release of Liability:**

The undersigned parent(s) or legal guardian(s) of the registered player / participant ("the participant") recognizes that baseball is a vigorous sport that involves physical contact. The Participant may suffer temporary or permanent physical injuries including but not limited to: sprains, fractures, eye injuries, brain or spinal damage, paralysis or even death while playing or watching or attending a game, practice, or scrimmage. With full knowledge of the aforementioned risks and in consideration of Midvale heights community association accepting the Participant to play in pursuant to the recreational assumption of risk statute, section 895.525(4), Wis. Statute, the Participant & I hereby release, discharge and/or otherwise indemnify Midvale Heights Community Association, and its representatives, coaches, and managers of my child's team as to any claims and/or causes of action by or on behalf of the Participant and/or his or her parents or legal guardian, including any claims against Midvale Community Association due to Midvale Heights Community Association's negligence.

This release shall remain in effect for the duration of the 2010 season through October 1, 2010 and shall be interpreted under Wisconsin Law.

**Consent For Medical Treatment:**

With full knowledge of the risk of injury in the game of baseball, I hereby authorize Midvale Heights Community Association representatives, or coaches & managers of my child's team to administer emergency medical treatment to my child for any injury or other medical emergency while playing, practicing, attending, or watching baseball. This consent also extends to the right of those persons listed above to arrange for medical treatment by a licensed physician and/or other medical personnel and for them to provide necessary emergency care as deemed appropriate to preserve the life or well being of my child.

My child and I hereby release, hold harmless and indemnify the above listed persons for any injury or damage related to administration of emergency care as authorized herein. This consent for medical treatment shall remain in effect for the duration of the 2010 season through October 1, 2010 and shall be interpreted under Wisconsin Law. **I have read and fully understand the above statement. I acknowledge that before signing I had an opportunity to discuss with a representative of the Midvale Heights Community Association any questions I had about the above release and consent.**

(Signature) \_\_\_\_\_ (Date) \_\_\_\_\_