

Irvington Recreation & Parks Department

2019 Recreation Spring Youth Baseball and Softball Program

REGISTER now through Feb. 13th at the Rec. Dept.

The Rec. Dept. will be open until 7:00 p.m. Wed. Feb. 13th
NO MAIL-IN REGISTRATIONS!

Copy of players Birth Certificate required for all NEW players at time of registration.
Game and practice schedules vary. For more info: athornton@irvingtonny.gov / 591-7736.

Intro Divisions

PeeWee Baseball: Pre-K Clinic- (Must be 4 years old on or before 12/31/18) ***Limited enrollment***
Mondays, April 29, May 6, 13, 20, June 3, Rain date: June 10. In case of a very rainy spring, a different day and time may be used. Choice of 4:00 p.m.- 4:45 p.m. OR 5:00 p.m. - 5:45 p.m. **Not drop-off**
PeeWee Baseball Fee: \$100 Residents / \$120 School District / \$140 Non-Resident
T-Ball Baseball: Kindergarten students, league style with parent coaches, schedules vary.
T-Ball Baseball Fee: \$180 Resident / \$205 School District / \$230 Non-Resident

Baseball Divisions

Minor and Major teams may play teams from other communities with games outside of Irvington.
Rookie Baseball: 1st grade & 2nd grade- league style with coaches pitch, schedules vary.
Minor Baseball: *3rd grade & 4th grade- league style with hybrid of coaches and kid pitch, schedules vary.
Major Baseball: *5th grade & 6th grade- league style with kid pitch, schedules vary.
*2nd and 4th grade parents, whose children have advanced skills, can elect to have their child participate in a clinic to determine if their skill level would allow for them to play in the older division. This clinic session will only be for players who seek to move up a division. If you choose this option, please circle the appropriate selection in the "Advanced Player Option" on the registration form.
Tentative clinic dates: Feb. 27 and March 2. No registration for this option after Feb. 13.
Rookie, Minor, Major Fee: \$205 Resident / \$235 School District / \$265 Non-Resident

Softball Divisions

Softball teams will play in a league with other Westchester communities with games outside of Irvington.
Minor Softball: 3rd & 4th grade students, hybrid of coaches and kid pitch, schedules vary.
Major Softball: 5th & 6th grade students, kid pitch, schedules vary.
Softball Fee: \$205 Resident / \$235 School District / \$265 Non-Resident

**NO REFUNDS AFTER 3/1 FOR K-6TH OR AFTER 4/19 FOR PRE-K
ANY REFUNDS PRIOR TO THIS, WILL BE REDUCED BY A \$25 ADMINISTRATION FEE**

Fee includes uniforms and end of the season picnic. Checks made payable to "Village of Irvington".
Major credit cards are also accepted with a service fee.
First time participants must have a copy of their birth certificate at registration.
Kindergarten-6th grade schedules vary based on number of participants and teams. Schedules will be available in April. Volunteer coaches needed. Contact athornton@irvingtonny.gov
Program sponsorship is available. For more info: 591-7736/ athornton@irvingtonny.gov.

OFFICIAL BASE/SOFTBALL APPLICATION (ONE PER CHILD-PLEASE PRINT)

Player's Name _____ Male _____ Female _____

Address _____ Village/Town _____

E-mail Address _____

Home Phone # _____ Emergency Phone # _____

Player's age on Jan. 1, 2019 _____ Date of Birth _____ Current Grade _____

School _____ Previously participated in *this* program? Y ___ N ___ (IF NO, BIRTH CERT. REQUIRED)

Please list any allergies or medical concerns that we may need to know: _____

Please list any other Spring leagues your child plays in (ie. Elmsford, WBA, Etc.) _____

DIVISION (PLEASE CIRCLE ONE):

INSTRUCTIONAL: 4:00pm PeeWee (Pre-K) 5:00pm PeeWee (Pre-K) T-Ball (K)

BASEBALL: ROOKIE (1/2 Gd.) BASEBALL MINOR (3/4 Gd.) BASEBALL MAJOR (5/6 Gd.)

ADVANCED PLAYER OPTION: 2nd GRADE MINOR BASEBALL 4th GRADE MAJOR BASEBALL

SOFTBALL: SOFTBALL MINOR (3/4 Gd.) SOFTBALL MAJOR (5/6 Gd.)

HOLD HARMLESS

We, the parents of _____ hereby give our approval to his/her participation in any activities conducted as a part of the Youth Baseball/Softball program by the Recreation Department of the Village of Irvington, NY. We assume all risks and hazards incidental to such participation including transportations to and from such activities and we hereby, waive, release, absolve, indemnify, and agree to hold harmless the Village of Irvington and any sponsors, supervisors, participants, corporation owners or any premises involved in conducting the activities, from and against any and all claims and/or causes of action arising out of any injury to our child. All information provided on this form is accurate and truthful. I understand that if any information is found to be falsified, my child's participation in this program will be in jeopardy.

PARENT CODE OF CONDUCT

I as a parent will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game and practice and will hold my child to the same standard. I will respect the authority of the coaches, officials, and the Irvington Recreation Department Staff. I will refrain from swearing, heckling, using profane language, gestures, signs, degrading personal comments, and criticism. In order to encourage a positive experience for all, I will support the coaches and officials working with my child. I will refrain from use of drugs, tobacco, and alcohol at all youth sports events and adhere to all other park rules. I will remember that the game is for youth- not adults. I will do my best to make sports fun for my child. I will respect the property and equipment maintained by the Irvington Recreation and Parks Department and will be responsible for any damage done by my child or myself. I will be truthful on all forms filled out and submitted to the Irvington Recreation and Parks Department. The Irvington Recreation and Parks Department encourages and requires good sportsmanship and respect from all its participants. The Recreation and Parks Advisory Committee will enforce this policy to the maximum. I have read, understand, and agree to abide by this code of conduct and accept any consequences if I fail to comply.

PARENT OR GUARDIAN SIGNATURE _____ DATE _____

DATE _____ AMOUNT _____ RECEIPT # _____

VOLUNTEER COACHES NEEDED: INTERESTED VOLUNTEER COACHES, PLEASE COMPLETE.

NAME _____ PHONE # _____ E-MAIL _____

DIVISION: _____ CHECK ONE: HEAD COACH ___ ASST. _____

ALL volunteer coaches will be subject to a background screening and required to attend a pre-season coaches meeting