

Sturgeon Bay Cal Ripken Baseball



John Lodi, Cal Ripken President
Phone: 920-495-8230

March 18, 2015

The Cal Ripken Major League playing season will officially begin on Monday, May 11th and is scheduled to wrap up around the fourth of July. Children ages seven through twelve are eligible to play. All games are played at Sunset Park and complete schedules for all leagues will be given out to everyone after the registration process has been completed. Enclosed you will find a registration form, and a medical form, to be completed for those wishing to participate in the league this year. **PLEASE NOTE THE PLAYER'S AGE AS OF APRIL 30TH DETERMINES THE PLAYER'S ELIGIBLE AGE FOR THE CAL RIPKEN AND BABE RUTH BASEBALL SEASON.**

ROOKIE LEAGUE: 7-8 year olds

Games are played on Mondays and Wednesdays at 4:45 or 6:30

MINOR LEAGUE: 9 year olds

Games are played on Tuesdays and Thursdays at 4:45 or 6:30

MAJOR LEAGUE: 10-12 year olds

Game days may vary weekly and are played weekdays at 6:00

Free baseball spikes and other equipment

*Saturday May 2nd 10:00am-11:30am @
Sunset Park Cal Ripken Building

*Free spikes available. Also will trade spikes
or take donated spikes and other baseball
equipment.

*Don't miss this opportunity for those ages 7
thru 12*

KIDS AGED 10-12 WHO WERE NOT ON A MAJOR LEAGUE TEAM LAST YEAR MUST TRY OUT IN ORDER TO BE PLACED ON A TEAM. TRYOUT DATES for the Major Leagues have been scheduled for Monday, April 20th at 5:00 p.m. with rain date Tuesday, April 21st at 5:00 p.m. Please tune into WDOR (93.9 FM) for scheduling announcements or our Facebook page "Sturgeon Bay Cal Ripken". Major League players will be notified which team they are on within a week of the tryouts being held. (10 year olds that aren't placed on Major League team will be placed on Minor League) All Minor and Rookie League players will be contacted the first week of May.

The fee for baseball this year is \$50.00 per player. Please note that our league pays a fee per player to the city for use and maintenance of the fields.

Please return your registration information along with your payment made out to "SB Cal Ripken Baseball" to Appliances Plus at 216 S. 3rd Ave, Sturgeon Bay or Parks Dept, 835 N 14TH AVE, Sturgeon Bay. If this is the first year you are participating in the league, then a birth certificate must be presented with your registration (it will be returned to you immediately). If you would prefer to mail your registration information you may send it to: Sturgeon Bay Parks Dept, 835 N 14th Ave, Sturgeon Bay, WI, 54235.

REGISTRATION DEADLINE IS SATURDAY, APRIL 18th by 2:00pm!
Late Registrations WILL NOT be accepted.

THANKS FOR YOUR CONTINUED SUPPORT OF THIS GREAT YOUTH PROGRAM!

Sturgeon Bay Cal Ripken Baseball



2015 PLAYER REGISTRATION FORM

FEES: \$50.00 per player
 Make checks payable to SB Cal Ripken Baseball

FOR LEAGUE USE ONLY	
Date Received	
Amount Received	
Check #	
DOB Verified	

PLAYER INFORMATION: PLEASE REGISTER ONLY ONE PLAYER PER FORM

LEAGUE: ROOKIE (7-8) MINOR (9) MAJOR (10-12)

Child's Name: _____ Date of Birth: _____
 Note: If this is your first year playing, birth certificate is required
 School Attending: _____ Grade: _____
 Parent/Guardian Name(s): _____
 Address: _____
 City/Zip: _____ Home#: _____
 Email: _____ Cell#: _____

Emergency Contact Info: _____

I/We, the parents of the above named boy, who is a candidate for a position on a Cal Ripken Baseball team, hereby give my/our approval to his participation in any and all of the activities of the Cal Ripken League during the current season. I/We assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities; I/We further hereby release, absolve, indemnify and hold harmless the Cal Ripken and Cal Ripken Baseball, Inc., the organizers, sponsors and the supervisors, any or all of them. In case of injury to my/our son, I/we hereby waive all claims against the organizers, sponsors or any of the supervisors appointed by them. I/We likewise release from responsibility any person transporting my/our son to or from activities. I/We will furnish a certified birth certificate of the above name candidate upon request of Cal Ripken Officials.

Signature of Parent/Guardian: _____ Date: _____

VOLUNTEERING INFORMATION: All help is greatly appreciated and needed! Please check any of the below jobs to help volunteer. Please note that the concession stand is a major fundraiser and needs to be staffed by parents throughout the season. Names will randomly be drawn to work the concessions and your name will be listed on the game schedule accordingly.

Your Name: _____ Email: _____

- Spring Cleaning (May 2nd) Coach (Minor & Rookie needed) Assistant Coach
 Concession Stand Committee Grilling

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Questions??? Contact John Lodi at 920-495-8230.



CONSENT FOR TREATMENT

Each Player must complete and have signed

Name of Player _____ Player's Age _____

Home Address _____ City _____ State _____

Family Physician _____ Phone _____

List of Any Allergies _____

Required Medication _____

Name of League _____

League Accident Insurance Company _____

League Accident Insurance Policy No. _____

In case of an accident or illness, I hereby authorize a representative of Babe Ruth League, Inc. to use his/her judgment in obtaining immediate Medical Care.

DATE _____ SIGNED _____

Daytime Phone () _____ *(Parent or Guardian)* Home Phone () _____

Cell Phone () _____ Parents Health Ins. Co. _____

Policy # _____

(Parents will be notified in case of serious illness or injury as quickly as they can be reached, but this will make immediate treatment possible.)