

VENTURE CHRISTIAN CHURCH

(Formerly Los Gatos & South Valley Christian Churches)

YOUTH BASEBALL LEAGUE 2008 REGISTRATION

Phone: 997-4642, FAX: 997-2546, e-mail: mschlechter@venturechristian.org, Website: www.venturechristian.org

PURPOSE OF THE LEAGUE: Venture Christian Sports Ministry is committed to providing an opportunity and atmosphere to grow as an athlete and as an individual. Our coaches teach the principle that winning and losing is not solely determined by a scoreboard, but by the effort, attitude and execution of the athlete. Venture Christian Sports Ministry is designed to help grow in character and athletically, as well as in relationship with God and one another.

REGISTRATION INFORMATION

Registration Dates: Jan. 20- Feb. 23, 2008

Fee - Shetland Division - \$75 (If paid before Jan. 26 - \$65) *

Fee - Pinto Division - \$80 (If paid before Jan. 26 - \$70) *

Game Times Shetland & Pinto: 8:30am - 12:00noon

Fee - Mustang Division - \$90 (If paid before Jan. 26 - \$80) *

Game Times Mustang: 1:00 - 4:30pm

Game Days: Saturdays, April 12 - June 7, 2007 (no game May 24)

Location: Kring Field (behind church), and other field-TBA

Picture Day: TBA

Awards Dessert: MONDAY, JUNE 9 - 6:45pm

REFUND POLICY: 100% before the Rating Clinic, minus \$10.00 non-refundable fee.
50% refund after Rating Clinic, no refund after Feb. 23.

Plan to be present for your entire time

Evaluation Clinic: Saturday, 2/23/08

At Kring Field – behind Hicks Campus

Each player will only be rated at their time

Shetland starts at 9:00 may last until 10:00am

Pinto starts at 10:30 may last until 12:00pm

Mustang starts at 1:00 may last until 3:00pm

* If you are interested in Bronco Division (age 11 & 12)
Call in January and let us know. 997-4642

CUT HERE—SAVE-TOP-----

2008 YOUTH BASEBALL REGISTRATION FORM

Please fill out completely and drop off or mail with check to:

Sports Office/ Venture Christian Church
16845 Hicks Road, Los Gatos, CA 95032-6699
(Phone: 408-997-4642, FAX 408-997-2546)

DIVISIONS
Shetland - Birth dates - 8-1-01 to 7-31-03
Pinto - Birth dates - 8-1-99 to 7-31-01
Mustang - Birth dates - 8-1-97 to 7-31-99

Name _____ M ___ F ___ Parent's names _____

Home Address _____ e-mail _____

City _____ State _____ Zip _____ Phone (H) _____ (W) _____ cell _____

Age _____ Birth date _____ Grade _____ School _____
Mom Dad Mom Dad

Height _____ Weight _____ Name of church attending (if any) _____

Requests: (1 sibling & 1 friend only!) _____ Day you cannot practice _____

Fee includes -Uniform, Team pictures, Equipment (but not individual mitts), Fields, Coaches, Award Medallion

Parents: Are you available to be a:
 Coach * Officiate Team Mom
 Prayer Partner

*All coaches must meet deacon or deaconess requirements- 1Tim. 3:4-7

**Coach preferred practice night _____

OFFICE USE ONLY

Fee Payment _____ Check # _____

Check Date _____ Cash _____

Paid On _____ Rec'd by _____

WAIVER AND INFORMED CONSENT STATEMENT FOR:

(Name of Child) _____

In consideration of registering for participation in the activities of the Venture Christian Church Sports Ministry, I do hereby affirm my child to be medically able to participate in the activities offered by VCC Sports Ministry in playing baseball. (I understand that there are risks that may include disabling injury and/or death involved in all physical activities, and I agree to familiarize myself with all equipment, facilities, rules, and physical demands related to the activities undertaken.) I agree to hold free from any and all liability the Venture Christian Church and its respective officers, employees, members, volunteers, and sponsors, and do hereby for myself, heirs, executors, and administrators waive and release and forever discharge any and all rights and claims for damages which I may have or which may accrue to me arising out of or in any of

the activities of the Venture Christian Church. I have been apprised of and acknowledge the particular hazard and potential dangers involved in allowing my child's participation in the 2008 Baseball League season. I give my permission to medical staff to secure a licensed physician in the case of an emergency in order to provide the necessary care.

Signature _____ Date _____ Emergency Phone #1 _____ #2 _____

Hospital Preferred _____ Doctor _____ Doctor's Phone # _____

Dentist _____ Dentist's Phone # _____

Medical Insurance Provider _____ List any allergic reactions, serious injuries, or special medical procedures _____

**2007 YOUTH BASEBALL
REGISTRATION FORM**