

# Boston Youth Baseball League 2010

Boston Town Hall 8500 Boston State Road

Dear Boston, Hamburg, Colden, Eden, Orchard Park, and Springville Families,

Registration costs have not increased for the four seasons and to keep cost down we **NEED** volunteers. Most leagues impose a volunteer fee of twenty dollars or more and we do not want to force that fee on our parents, but do need your corporation. The coaches and league organizes put a lot of time and effort into each season and this year we need you to help by working at the snack shack or by assisting your son/daughters coach. We need one parent per child to work in the snack shack one hour during the season. The younger divisions (T-ball and Rookie) need volunteers in the field and on the bases to help develop these younger players. When the schedules are completed for the season coaches will be handing out sign-up sheets for the snack shack.

Attached is the 2010 Registration form. Registration forms will be accepted until the end of March. Late Registrants will not be guaranteed a roster spot and may not have a uniform to start the season. The earlier we receive the registration the better we can balance our teams.

We will once again have the raffle as our fundraiser for the 2010 season. The Fundraiser will be 8 raffle tickets per player, valued at 5.00 each. Fundraiser is paid for in the registration fee. Families with more than two players in baseball only need to pay for and receive 16 tickets (fundraiser is waived for the players after the 2<sup>nd</sup> child in Boston baseball). Families with 2 or more players per household will also receive a discount of \$5.00 per player. If your family has more than 2 children playing baseball, please notify us for an adjusted cost. The prizes for the fundraiser are as follows: 1<sup>st</sup> - \$1000, 2<sup>nd</sup>-3<sup>rd</sup> - \$500, 4<sup>th</sup>-7<sup>th</sup> - \$250, 8<sup>th</sup>-17<sup>th</sup> - \$100. We will draw from all players for a chance to win a bike at the banquet.

During registration, hats, shirts, pants, and socks will be available to insure an accurate sizing for your child.

In an attempt to communicate, please include your email address on the registration form. We only email pertinent information so it is important to have the email address on file.

## AGE GROUPS

T-Ball	4-6	(age as of 5/1/10)
Rookies	7-8	(age as of 5/1/10)
Minors	9-10	(age as of 5/1/10)
Majors	11-12	(age as of 5/1/10)
Senior A	13-14	(age as of 5/01/10)
Senior B	15-16	(age as of 5/01/10)

## REGISTRATION BY MAIL (We strongly recommend attending a registration for proper sizing & receive fundraiser)

Make check payable to: **Boston Youth Baseball**

mail to:

Boston Youth Baseball  
c/o Bob Schffman  
7600 Boston State Road  
Hamburg, NY 14075

**Note:** If registering by mail, size must be noted at bottom of page for player's jerseys, socks and pants. Also fundraiser tickets need to be picked up. If you have any questions please contact Bob Schiffman at 649-4536.

REGISTRATION ON NEXT PAGE

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<b>Registration @ The Market</b>	
From 10:00 AM to 2:00 PM	
Saturday	March 20 <sup>th</sup>
Saturday	March 27 <sup>th</sup>

*Ratings day for player's ages 7-12 will be held at Boston Valley Elementary from 6:00 – 8:00 pm on March 8th and March 10th.  
Registrations will be accepted that day.*

<b>Registration @ the Town Hall</b>	
From 10:00 AM to 2:00 PM	
Saturday	February 20 <sup>th</sup>
Saturday	March 6 <sup>th</sup> & 13 <sup>th</sup>

*You do not need to be a resident of Boston to participate.*

<b>Registration @ Bella Pizza</b>	
From 5:30 PM to 7:30 PM	
Tuesday	February 23rd

<b>Registration @ Brunner's</b>	
From 5:30 PM to 7:30 PM	
Tuesday	March 2nd

*Baseball players must be between 4 and 16 years of age.*

**New players must bring a copy of their birth certificate to registration.**

## REGISTRATION FEE (Fundraiser Included in Fee):

<b>T-Ball</b>	\$70.00	4-6	(age as of 5/1/10)	<b>Majors</b>	\$80.00	11-12	(age as of 5/1/10)
<b>Rookies</b>	\$80.00	7-8	(age as of 5/1/10)	<b>Senior A</b>	\$90.00	13-14	(age as of 5/01/10)
<b>Minors</b>	\$80.00	9-10	(age as of 5/1/10)	<b>Senior B</b>	\$90.00	15-16	(age as of 5/01/10)

The fundraiser will be 8 raffle tickets per player, each ticket valued at 5.00 (\$40 total). The fundraiser is paid for in the registration fee. Families with more than two players in baseball only need to pay for and receive 16 tickets (fundraiser is waived for the children after the 2<sup>nd</sup> child in Boston baseball). Families with 2 or more players per household will also receive a discount of \$5.00 per player. The prizes for the fundraiser are as follows: 1<sup>st</sup> - \$1000, 2<sup>nd</sup>-3<sup>rd</sup> - \$500, 4<sup>th</sup>-7<sup>th</sup> - \$250, 8<sup>th</sup>-17<sup>th</sup> - \$100.

Player 1 Name		Division			
DOB	Age as of 5/1/10	Shirt size	Pants size	Hat size	Socks
Tickets	Thru	Other Sports Played: Yes / No		Interesting in umpiring: Yes / No	
<b>List any medical conditions</b>					
Player 2 Name		Division			
DOB	Age as of 5/1/10	Shirt size	Pants size	Hat size	Socks
Tickets	Thru	Other Sports Played: Yes / No		Interesting in umpiring: Yes / No	
<b>List any medical conditions</b>					
Player 3 Name		Division			
DOB	Age as of 5/1/10	Shirt size	Pants size	Hat size	Socks
Tickets	Thru	Other Sports Played: Yes / No		Interesting in umpiring: Yes / No	
<b>List any medical conditions</b>					

**Address:** \_\_\_\_\_

**Town:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

Consents and Agreements: As the parent/legal guardian of the registrant, a minor, I agree that the registrant and I will abide by the rules of the BYBL. Recognize the possibility of physical injury associated with baseball and in consideration for the BYBL accepting the registrant for its baseball programs, I hereby release and discharge the BYBL, its affiliated sponsors, the employees and associated personnel, including owners of fields and facilities utilized for the programs, against any claim on behalf of the registrant as a result of the registrant's participation in the programs, and/or being transported to or from which transportation I hereby authorize. I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependant.

\_\_\_\_\_  
Signature of Parent/Guardian Print parents' names for coach's information

\_\_\_\_\_  
Date Paid    Cash    Check#    Amount    Coaches Initials

I would like to coach     I would like to assist coach.

**\*\* PARENTS VOLUNTEERS ARE A MUST \*\***