

**PLEASE PRINT THIS AND READ ALL SOFTBALL INFORMATION
there are 4 pages (the last page is needed for each child playing)**

WHERE AND WHEN:

Where: Mathis Park in Hopewell (River Rd) before or after passing the Federal Prison. You will see the Crystal Lake sign..

When: Weds and Fridays (ALWAYS WED AND FRI) starting **March 14th**

12:30-2:30 (sometimes if the weather is not warm enough they don't have the water on yet so please keep a watch for any change to this date, I will email you personally if there is a change and I have your registration form, which I should have by March 8th)

Please note that we are still working with Rockwood to get their teams together. As of right now they do not have anyone organizing their teams. We will make two teams out of our teams to play each other if necessary. This means we will need some extra helpers. Please do not hesitate to volunteer because you will be asked to help unless you have small children who are not participating.

Kelly LeBlanc and Ann Hoopsick are the coordinators for softball.

Kelly is organizing fields, coaches, games and practices.

Ann is taking care of the paperwork (registrations, team lists, helpers) Ann is looking for someone who knows how to enter information in excel sheets and sort the lists. Tommy is not playing this year and she will help Kelly as long as needed but would like to train someone who plans on doing softball for the next few years. She has everything in a file ready to go.

1) Please mail registrations forms to the PO BOX on the forms.

2) You must 1 copy of the medical release page for each child playing ball.

This medial release form will be kept by your child's coach incase of an accident.

3) *WE MUST RECEIVE YOUR PAID REGISTRATION BY MARCH 8th
FOR YOUR CHILD TO PARTICIPATE. *****

I cannot make any exceptions, this activity takes a lot of organizing and planning.

4) We have coaches for TBall, CP and JV.

We need a coach for varsity.

We need assistant coaches and helpers for all teams.

5) There are additional positions we will need filled for softball.

On the back of the registration form, you can fill in your name in the areas where you would like to help.

Last year the parents were wonderful and I had more people volunteer for help than was needed. Thank You. EVERY PARENT MUST BE AVAILABLE TO HELP AS NEEDED.

Example: when we need people to fill in for folks on vacation.

Parents with infants and toddlers are excused but can also help take turns watching each other's children if they wish to help out that way.

PARENTS MUST STAY AT THE PARK DURING THE PRACTICE.

On the registration form is a place to put down a friend or family member to be there and be responsible if you do have to be away for something.

You should let Kelly or I know if you will not be there for the day and that the other person knows they are watching your children.

TCHE Softball Registration Form - 2007

Teams and Ages: Children are placed on teams according to their ages on April 30th.
 4-year-olds may play if needed to fill a team **and** they will turn five by May 31.

T-Ball (ages 5-6) **Coach Pitch** (ages 7-9) **JV** (ages 10-12) **Varsity** (ages 13-18)
 *13 years olds may play JV at the parent's discretion

Parent's name: _____

Address: _____

City: _____ Zip _____ Phone _____ Cell _____

email: _____

Responsible Adult at field if parent cannot be present: _____

(This person cannot be responsible for more than one family's children besides her own.) Please notify the coach and coordinator when you, the parent, will not be present.

Emergency contact: _____ Phone _____

SHIRTS: You do not have to order a shirt if you already have a Patriot shirt. **Please put the number from your child's existing shirt below.** New shirts will be given numbers that are available.

HATS: Hats are optional. We need a minimum order (25) so we are not sure if we will get these this year. If you want to order PLEASE WRITE A SEPARATE CHECK FOR HATS. If we don't have enough orders, I can return your check. Your child can wear any hat they want or you can purchase a navy hat that will match the Patriot colors.

Shirt Sizes: Youth Med (size 10-12) Youth Lg (size 14-16) Adult S -M -L -XL -XXL

Prices: Registration fee **\$8.00** per child for TCHE members, **\$10.00** per child for non-members
Shirt \$8.00 Hat \$9.00 hats are available in YOUTH or ADULT size Please specify below

STUDENT INFORMATION: Please write name below as you want it to appear **on their award.**
 Tball-CP-JV-V

NAME	Date of birth	Age on 4/30	Team	Existing shirt number	New Shirt size	Hat Size	Number choices

Extra shirts for parents or siblings: _____

Total players ___ x \$8.00= _____ TCHE members

Total players ___ x \$10.00= _____ non-members

Total shirts ___ x \$8.00= _____

Total hats ___ x \$9.00= _____

Check no. _____ hats

Total=\$ _____ Date _____ Check no. _____ fee & shirts Cash : _____

Makes checks payable to TCHE (memo: softball)

PARENT PARTICIPATION: *All parents are expected to be available as needed* even if you do not sign up for a regular position. (* Parents with infants and toddlers are excused but can also take turns watching coaches'/assistants' children, if you wish to help out in that way.)

The softball season is successful with the help of ALL the parents!! Please indicate below where you can help. Each team needs a **coach** and **assistant coach** and at least **two (2) helpers**. **Umpires** are needed for JV and Varsity home games. **Scorekeepers** are needed for CP, JV and Varsity games. Training will be given in all areas. **Field clean-up help** is also needed after practices and games.

Position	T-ball	Coach Pitch	Junior Varsity	Varsity
Coach	Tammy Alexander	Rosa Hamilton	Trish Thagard	
Assistant Coach				Beverly Stotesberry
Helpers to the Coach				
Team Mom				
Scorekeeper	N/A			
Umpire	N/A	N/A		
Field Clean-up				
Picnic Helpers				

Team Mom - *Helps coach give out information, organize snacks and drinks for games. Helps distribute shirts and hats. Helps with picture day. Checks first aid kit for needed supplies. Makes phone calls, as needed.*

Field Clean-up – *Rakes dirt around areas of homeplate, the batter’s box, and pitcher's mound after each practice and game. Rakes will be provided.*

Picnic Helpers – *Helps organize event. Helps get gifts for helpers and players from local businesses.*

Helpers to the coach – *Take children to the restroom (T-ball and coach-pitch teams). All helpers take care of crowd control, work with children on basic skills as directed by the coach, make sure area is clean before leaving. Also help with batting order during games.*

Umpires and Scorekeepers - *We need scorekeepers for our home CP, JV and Varsity games. Umpires are needed for JV and Varsity home games. Everyone can learn to scorekeep (CP-JV-V). We have parents available to teach you how to umpire (JV-V).*

Permission and Waiver of Liability

I hereby give my permission for the above-named student(s) to participate in softball with the Tri-Cities Home Educators Patriots team. I agree that my children and I will abide by the rules of conduct outlined by the softball league for games and practices. I understand that reasonable care and caution will be taken at all TCHE softball functions to ensure the safety and health of all students and coaches and I therefore agree to hold any hosting facility free of liability in case of an injury or accident.

Parent's signature _____ Date _____

Send form to: TCHE
 PO BOX 1136
 Colonial Heights, Va 23834
 Contact: Phone: 520-5018 Email: hoopsickfamily@adelphia.net

TCHE Medical Permission for Softball Activities

Please print one for each child**

Team your child is on (circle one) **T-Ball** **Coach-Pitch** **JV** **Varsity**

Child's name: _____ Date of Birth _____

In the event of injury or emergency, if I or my emergency contact cannot be notified, I authorize the individuals in charge to obtain emergency medical treatment for my child as deemed necessary by competent medical personnel. I understand that I am fully responsible for any and all charges incurred in the event of such treatment.

Medications taken: _____

Known allergies: _____

Any other pertinent medical history: _____

Doctor's name: _____ phone _____

Doctor's address: _____

Preferred hospital: _____

Insurance information: _____

Emergency contact: _____ phone: _____

Parent or guardian's signature: _____ phone _____

Date: _____

Valid through June 1, 2007