

Spotsylvania Parks and Recreation Department, P. O. Box 28, Spotsylvania, VA 22553, (540) 507-PLAY (7529)

2023 BASEBALL / SOFTBALL / T-BALL PROGRAMS

www.spotsylvania.va.us/parksandrec (Online Registration Available)



The Spotsylvania Parks and Recreation Dept. will offer leagues for Spotsylvania County residents.

Registration for all leagues begins on January 17, 2023. **The age determination date for all leagues is July 31, 2023.** Please note: Children participating in Minor, Major, Prep Baseball and Rookie Softball may **not** participate in 2023 Baseball/Softball and 2023 Spring Soccer at the same time due to overlap in seasons. Participants may not play in more than one league/team per season.

PLEASE NOTICE THERE ARE TWO DIFFERENT DEADLINE DATES

Deadline:
February 22
4:30 pm

Minor Baseball (ages 9-10) 440201-05 **Prep Baseball (ages 13-14) 440203-05**
Major Baseball (ages 11-12) 440202-05 Rookie Softball (girls ages 9-10) 440204-05

Players in these leagues will be notified by their coach by Friday, March 31, 2023 as to which team they are on. Games will begin the first of May and last until the end of June. Game sites vary. Participants may not play in more than one league per season.

The last day for late registrations is April 21, 2023. ***Draft Leagues***

Deadline:
March 15
4:30 pm

Developmental T-Ball (age 4-5) 440205-05 Pioneer Softball (girls age 7-8) 440211-05
Mustang T-Ball (age 5-6) 440206-05 **Junior Softball (girls ages 11-13) 440212-05**
Bronco T-Ball (age 6-7) 440207-05 **Intermediate Softball (girls ages 14-17) 440213-05**
Bantam Baseball (age 7-8) 440208-05
15-17 Baseball (ages 15-17) 440209-05 *****Draft Leagues*****

All non-draft players will be placed on teams according to the school attendance zone in which they live if space is available. If attending private school or being home schooled, players will be placed on teams according to the County school they would be attending. A team representative will notify Developmental players by Friday, May 26, 2023. The Developmental Program is an instructional league and will be held beginning in June and continue for four to six weeks. Teams will have six meetings. Meeting sites vary. All other players will be notified by their coach by Friday, May 5, 2023 as to which team they are on. Games will begin the beginning of June and last until the end of July. Game sites vary.

The last day for late registrations is May 26, 2023.

The registration fee is \$55. Make your check payable to "Treasurer, Spotsylvania County". There will be a \$50 service charge on all returned checks. To register, complete the registration form and return it by mail or in person with the fee and a copy of the child's birth certificate (if one is not already on file with us) to the Parks and Recreation Department. A drop box is located at Loriella Park at the office and is open 7 days a week from 8:00 a.m. - dusk. **DO NOT** return forms to the schools. **WE CANNOT REGISTER YOUR CHILD UNTIL A BIRTH CERTIFICATE IS SUBMITTED.** **All participants that register after 4:30 p.m. on the appropriate deadline day or any day after the deadline must pay \$75.** Postmarks will not be considered. Late registrations will be accepted until the dates listed above. If teams are balanced prior to team placements, late registrants will be placed on a late registration list and placed on a team if there is space. **Online registration is available during on time registration only at www.spotsylvania.va.us/parksandrec . (**A 2.75% Non-Refundable Convenience Fee will be charged on all credit/debit card transactions.)**

Those who participated in the 2022 season and do not move to a new age group, will automatically return to their former team. New players and those moving to a new age group will be placed on teams by draft. **All ages of T-Ball, Bantam Baseball, and Pioneer and Rookie Softball players will be placed on teams according to the school they are attending. If attending private school or being home schooled, players will be placed on teams according to the County school they would be attending.** All children who live in the same household and are in the same age group will automatically be placed on the same team. Please make note on the registration form. Playoffs (for those leagues that have them) will start within one week after the regular season is concluded. A Sports Age Waiver Form for children to participate one age higher than their actual age may be submitted. A child must be four years of age by July 31, 2023, to be eligible for a waiver. **An age waiver, if needed, must be submitted for each sport, each season.** For more information concerning this, please contact our office.

All participants will be given a t-shirt. **Baseball and Softball participants are responsible for providing a pair of their own baseball/softball pants.** You may keep the shirt at the end of the season.

Spotsylvania Parks and Recreation Dept. does not provide individual medical insurance for participants in the youth sports programs. Parents are responsible for providing this insurance protection.

Individuals requesting refunds must submit their cancellation in writing to Spotsylvania Parks and Recreation Dept. prior to team placements. A 20% administrative fee will be charged on all refunds. **There will not be a refund available after teams have been formed. (If payment is made by credit/debit card, the 2.75% Convenience Fee will not be refunded.)**

Spotsylvania Parks and Recreation Dept. is a chapter of the National Youth Sports Coaches Association (NYSCA). We provide training for coaches which includes \$500,000.00 worth of liability insurance protection. For information, please call our office at the above number.

HEAD COACHES AND ASSISTANTS ARE NEEDED. If you wish to coach or assist, please complete the coaching application located on the back of child's registration form.

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2023 BASEBALL / SOFTBALL / T-BALL REGISTRATION FORM
www.spotsylvania.va.us/parksandrec (Online Registration Available)

Please Print: First MI Last Boy Girl

Complete Address City Zip

Primary Phone# Secondary Phone# Alternate Phone#

Is this a new address or phone number?

Email Address:



How old will your child be on 7-31-23? Birthdate

Birth certificate is (circle one): on file enclosed (A birth certificate must accompany this form if not already on file)

County School Child Attends Area/Subdivision

(If your child attends Private School or is being Home Schooled, list the County school your child would attend.)

Shirt Size (circle): Youth Small (6-8) Youth Medium (10-12) Youth Large (14-16)
Adult Small (34-36) Adult Medium (38-40) Adult Large (42-44) Adult Xlarge (46-48)

Medical problems, injuries, or allergies

Optional: Please try to place my child with: Player

REQUESTS ARE NOT GUARANTEED Coach

Please register my child for: Ages are as of July 31, 2023.

- Developmental T-Ball (co-ed age 4-5) 440205-05
Mustang T-Ball (co-ed age 5-6) 440206-05
Bronco T-Ball (co-ed age 6-7) 440207-05
Bantam Baseball (age 7-8) 440208-05
Minor Baseball (ages 9-10) 440201-05
Major Baseball (ages 11-12) 440202-05
Prep Baseball (ages 13-14) 440203-05
15-17 Baseball (ages 15-17) 440209-05
Pioneer Softball (girls age 7-8) 440211-05
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Junior Softball (girls ages 11-13) 440212-05
Intermediate Softball (girls ages 14-17) 440213-05

***DRAFT LEAGUES

Please check here if you have a waiver form and are requesting for your child to play one age older

Did child participate in 2022 Baseball/Softball/T-Ball Program w/Spotsylvania Parks and Recreation? Yes No

If yes, League Name: Team Name:

Does child have a brother or sister playing in the same age group? Yes No

If yes, name of child age

Organized baseball/softball/t-ball playing experience: years

Parental Consent: (Parent or legal guardian must sign below)

I hereby give my consent and approval for my child named above to participate in the Spotsylvania Parks and Recreation Department's 2023 Baseball/Softball/T-Ball Program. I, the undersigned, do agree to indemnify and hold harmless Spotsylvania County and the officers, employees, volunteer coaches and agents, thereof, and the Spotsylvania County school authorities from any and all claims or liability, including attorney's fees and costs for any injury or other damage suffered as a result of his/her participation. I understand that if my child wishes to withdraw from the program before being placed on a team, I must put my refund request in writing, and I also understand that there will be a 20% administrative fee charged on all refunds. I understand that if my child withdraws from the program after the teams are formed, my registration fee will not be refunded. I understand that this program is open only to Spotsylvania County residents and hereby certify that my child meets this requirement. I understand that the Spotsylvania Parks and Recreation Department does not provide individual medical insurance for participants in the Youth Baseball/Softball/T-Ball Program and that I am responsible for providing such insurance protection. Children participating in Minor, Major, Prep Baseball and Rookie Softball may not participate in 2023 Baseball/Softball and 2023 Spring Soccer at the same time due to overlap in seasons. It shall be the policy of the Department to encourage all children within Spotsylvania County to participate in the programs sponsored by the Department. While the Department shall not assume the position of insurer of health and safety of the participants in the program, the Department does feel it necessary to undertake all reasonable steps to insure that a child is not exposed to unnecessary dangers to said child's life or health.

No child will be allowed to participate if he/she has failed to turn in equipment or a uniform belonging to the Parks and Recreation Department.

Signature Date

Print Parent or Legal Guardian Name:

Please make your check payable to "Treasurer, Spotsylvania County".

Head Coaches and assistants are needed. If you wish to coach or assist, please complete the coaching application located on page 3 and 4.

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COACHING APPLICATION FOR 2023 BASEBALL / SOFTBALL / T-BALL

*****BACKGROUND CHECKS ARE PROCESSED ON ALL APPLICANTS*****

Please fully complete this application, even if you have coached in the past. **Please Print Legible.**

Full Legal Name _____ Soc. Sec. No. _____

Address _____

City _____ Zip _____ Date Of Birth _____

Primary Phone# _____ Secondary Phone# _____ Alternate Phone# _____

Email Address _____

Do you object to other coaches in your league having your phone number? Yes ____ No ____

School Your Child Attends _____

Personal References: (Please list two local references. Do not list anyone who works for Spotsylvania Parks and Recreation Department.)

1. Name _____ Home Phone _____
Address _____ Work Phone _____

2. Name _____ Home Phone _____
Address _____ Work Phone _____

Experience: (Summarize coaching experience and involvement in children's activities. If you need more space, please use another sheet of paper.)

I would like to be a team representative for Developmental T-Ball (age 4-5) _____

I want to coach (circle one): Mustang T-Ball (5-6) Bronco T-Ball (6-7) Bantam Baseball (7-8)

Minor Baseball (9-10) Major Baseball (11-12) Prep Baseball (13-14) 15-17 Baseball (15-17)

Pioneer Softball (7-8) Rookie Softball (9-10) Junior Softball (11-13) Intermediate Softball (14-17)

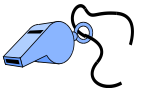
I would prefer to be (circle one): Head Coach Assistant Coach

Team Name (if known): _____

Do you have a son or daughter playing? _____

His or Her name _____ Age _____ Team Name _____
(As of July 31, 2023)

The Spotsylvania Parks and Recreation Department strives to put the best available adults in our youth coaching program. Some of the criteria we look at when making our selections are the following: each coach submits a written application; those who attend training sessions and scheduled meetings; previous evaluations; background information; conduct and attitude in working with staff, parents and other coaches; interest in young people; ability to teach and develop young players; coaches who serve as an example; general knowledge of the rules; and promotes good sportsmanship.

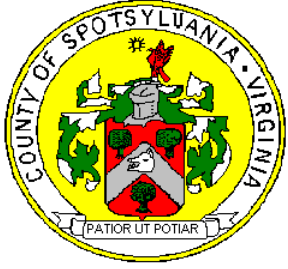


I, the undersigned, authorize and give my consent for the above named organization to obtain information regarding myself. This includes the following: Criminal Background Check, Training/Experience, Personal References. I, the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my volunteer application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

All individuals interested in being a Head Coach will be contacted by a Parks and Recreation staff member. All applications are subject to screening and approval by the Spotsylvania Parks and Recreation Commission.

Signature _____ Date _____

Print Name _____



Volunteer

AGREEMENT/CONTRACT

If volunteer is under the age of 18, Participation Agreement must be signed by the parent/guardian.

I, (print full name) _____, understand that my participation as a volunteer, is without anticipation of financial payment from the County of Spotsylvania, and does not constitute a contract of hire or apprenticeship between myself and the County of Spotsylvania.

I recognize that I will be representing the County of Spotsylvania’s interests to the general public and agree to abide by the accepted policies, procedures, values, codes, and practices. I will conduct myself in a professional and courteous manner with all Spotsylvania employees and the public at large. I understand that my volunteer position may give me access to sensitive information, I agree to maintain confidentiality on any and all information that may be considered sensitive, personal, or confidential in nature. I understand that this includes, but is not limited to discussing aspects of any investigation, criminal or otherwise.

I understand that my participation in the volunteer program is a privilege and not a right; and that Spotsylvania County may, in its sole discretion, dismiss me from the volunteer program with or without cause.

I am fully aware that there are inherent risks associated with serving as a volunteer, these risks include, but are not limited to, the possibility of bodily injury, physical disability, physical and mental disease, death, and property damage. Understanding these risks, it is still my decision to participate in the volunteer program and in consideration of the County of Spotsylvania allowing me to participate; I assume full responsibility for such risks. I agree that neither I nor my legal representatives, heirs or assigns, will hold the County of Spotsylvania, its officials, employees or agents responsible for any injuries, disabilities, physical and mental disease, death, property damage, or losses and expense of any nature whatsoever that I may sustain as a result of my participation in the volunteer program, whether caused by negligence of the County of Spotsylvania, its officers, employees and agents, or otherwise.

I understand as a volunteer that I am subject to a background check. I give my consent for the County of Spotsylvania to obtain information regarding myself. This includes the following: Criminal Background check, Training and Experience check and Personal references.

I understand that the use of alcohol, illegal drugs, or the misuse of drugs is not acceptable in the volunteer environment for Spotsylvania County. In accordance with this, I understand that I may be required to submit to a drug or alcohol test when there is suspicion to believe I as a volunteer is under the influence of drugs or alcohol while representing Spotsylvania County.

I understand if serving in the capacity of a volunteer coach or mentor role I am required to follow the Standard of Conduct in place as well as the Bylaws in place for the Sport I Volunteer and the Spotsylvania County Policies and Personnel Manual.

<https://www.spotsylvania.va.us/187/Personnel-Policies-Procedures-Manual>

Print Name Signature Date

Parent/Legal Guardian – Print Name Signature Date

Sport League Contact Phone #