

SACRED HEART BASEBALL AND SOFTBALL ASSOCIATION

EAST END BASEBALL 2008 SEASON

BASEBALL

...with the City of Pittsburgh BIG League Program, East End Associations & Travel Ball Associations
(Age as of 8/1/2007)

Sign up now to join teams for ANY and ALL skill levels

- TEE BALL PLAYERS AGES 5-6 (Girls & Boys)
- ROOKIE BALL PLAYERS AGES 7-8 (Girls & Boys)
- LITTLE LEAGUE PLAYERS AGES 9-12
- PONY LEAGUE PLAYERS AGES 13-14
- COLT/SUPER LEAGUE PLAYERS AGES 15-18

6 AND UNDER, SEASON MAY 6- JUNE 21 AT HIGHLAND PARK FARM HOUSE

7-8 ROOKIE BALL BOYS & GIRLS MAY 6TH -JUNE 21ST

9-12 LITTLE LEAGUE May 6th -JUNE 30 (Playoffs and travel thru July 30th)

13-14 PONY APRIL 25TH -JULY 10TH (playoffs and travel thru July 30th)

15-16 COLT /SUPER COLT (Playoffs and travel thru July 30th)

Players are required to provide their own gloves, white baseball pants & cleats (wooden bats optional colt League).

GIRLS' FASTPITCH SOFTBALL

The City of Pittsburgh BIG League Program

Never played softball? No problem!
Never played fastpitch? No problem!
We'll teach you!

Sign up now to join teams for ANY and ALL skill levels
(Age as of 12/31/2007):

- 10 and under, season April 10 - June 16,
Playoffs finish June 27
- 12 and under, season April 10 - June 16,
Playoffs finish June 27
- 15 and under, season May 1 - July 7,
Playoffs finish July 20

Players are required to provide their own gloves, softball cleats, black shorts, padded sliding shorts, sliding pads, and tall socks.

For more information email: shadyside5@verizon.net

Home Field ages 9-18 Mellon Park

Home Field ages 5-8 Highland Park Farm House

**To attend early clinics starting in January you must be an active member.
Travel baseball may include additional registration costs.**

50TH ANNUAL SHBSA 2008/EAST END BASEBALL/SOFTBALL REGISTRATION

(Spring season runs mid April to June-July / Summer season runs mid June to late July)

\$60.00 FOR ALL TEE BALL PLAYERS AGES 5-6TH

\$85.00 FOR ALL SOFTBALL PLAYERS AGES 9-15

\$70.00 FOR ALL ROOKIE BALL PLAYERS AGES 7-8

\$90.00 FOR ALL PONY LEAGUE PLAYERS AGES 13-14

\$85.00 FOR ALL LITTLE LEAGUE PLAYERS AGES 9-12

\$95.00 FOR ALL COLT /SUPER COLT LEAGUE PLAYERS AGES 15-18

Registration (one per child please) & payment payable to SHBSA due **MARCH 25th, 2008**. Mail to: SHBSA, P.O. Box 5087, Pittsburgh, PA 15206
 Need more information? Please email/ shadyside5@verizon.net/ or visit our website: www.sacredheartbaseball.org

Child's name: _____

Parent's/Guardian's name: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____

Emergency/Cell: _____

School: _____

Email: _____

Birth date: _____

(*5 is the minimum age to play in the league*)

Please circle one:

Boys'/Girls' –	5 & 6 (T-Ball)	7 & 8 (Rookie Ball)
Boys' Little League –	9 & 10	11 & 12
Boys' Baseball –	13 & 14 (Pony)	15 & 18 (Colt/Super Colt)
Girls' Softball –	9-10 11-12	13-14-15

*SHBSA will provide a team hat and shirt to each player.
 Each player must provide a glove, rubber cleats, in addition to
 white game pants (boys) or softball shorts (girls).
 ** Check here to play summer travel baseball, boys ages 13-18

*To form balanced teams, ask your child to rate his/her playing abilities, in relation to kids the same age: Developing Average Above average

*Volunteer to make your association the best it can be. . Please indicate first and second choices. Thank you.

Manager/Coach Assistant Coach Board Member Player Skills Clinics Equipment Ground Crew Fundraising

Waiver – Please read and sign: I/We agree to allow the above-named child to participate in the Sacred Heart Baseball/Softball Association//East End Baseball Association (SHBSA/EEBA) Program. We also agree to be legally bound and indemnify Sacred Heart Baseball/Softball Association/East End Baseball, Inc., its agents, successors, board members, coaches, or legal representatives against any loss for any claims, demands, actions at law or equity that may hereafter be brought by ourselves, our child or anyone acting in his/her behalf for the purpose of enforcing any claim for damages because of any injury or property damage sustained by our/my child as a result of, or in any way related to his/her participation in the applied-for program. We also authorize permission for any necessary medical attention in the event of injury or illness of the child during participation in the program. We agree in case of injury to apply our hospitalization and/or accident insurance toward the payment of expenses incurred and will not hold SHBSA/EEBA responsible for payment of any medical or other costs associated with injury or illness.

 Print name of parent/guardian

 Signature of parent/guardian

 Date