

**MARLBOROUGH YOUTH ATHLETIC LEAGUE  
FALL 2008  
Baseball (Minors / Majors) Registration**

Registrations will be accepted at the Richmond Memorial Library, 15 School Drive, Marlborough, CT from 5:30 pm to 8:00 pm on the following dates: **Monday, August 4 & Thursday, August 7**  
**Monday, August 11 & Thursday, August 14**

**DEADLINE:** Registration is on a first come, first serve basis. Generally, a limited number of teams are fielded. Players registering after a team roster is filled will be kept on a waiting list until there are enough players to form another team. Preference will be given on an age basis if all players cannot be placed on a team.

**FEES:** \$75 for 1 player, \$130 for 2 players, \$150 max/family. **Make checks payable to M.Y.A.L.**

NOTE: M.Y.A.L. policy is that every Marlborough child should have the opportunity to participate in sports programs. If your family is experiencing a financial hardship, please contact M.Y.A.L. President Karl Hespeler at 295-0870.
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**QUESTIONS?** Contact Karl Hespeler 295-0870, (karlhespeler@comcast.net) or Gordon Henley 295-9066, (ghenley5@aol.com)

**This Registration form is for all players who will be participating in Minors or Majors next spring. (Birth date between May 1, 1996 and April 30, 2000). Younger players will be accepted only on a space-available basis.**

Separate registrations are being conducted for Babe Ruth.

**Fall Ball Format:** Fall League is set-up for the development of the younger players and to have a low pressure, fun season. Live pitching, limited substitution.

Coaches will contact players with team assignments and practice schedules.

**VOLUNTEERS NEEDED:** Please indicate on the form if you are able to volunteer.

A separate registration form is required for each child.

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**BASEBALL REGISTRATION FORM  
FALL 2008 - MYAL – Minors/ Majors**

Name: \_\_\_\_\_ M / F Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Date Of Birth: \_\_\_\_\_ 4/30/2009 AGE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**PARENT PARTICIPATION:** Head Coach: \_\_\_\_\_ Ass't Coach: \_\_\_\_\_ Umpire: \_\_\_\_\_ Other: \_\_\_\_\_

Having been informed of the organization of the M.Y.A.L. Baseball / Softball Program in the town of Marlborough, CT, to provide supervised baseball / softball activities and games for youth, I / we, the parent(s) or legal guardian(s) of the above named registrant, do hereby give my/our approval for his/her participation in any and all of the activities during the current baseball / softball season. I/we do assume all the risks and hazards incidental to the conduct of activities, transportation to and from the activities, and I/we do further hereby release, absolve, indemnify and hold harmless the program organizers, the league and any supervisors, managers, or coaches any or all of them. I/we further agree to accept the results of whatever selection process for travel and/or all-star teams that may be employed.

**PARENTS/GUARDIANS SIGNATURE:** \_\_\_\_\_

**PARENTS/GUARDIANS NAME (S) (Please Print):** \_\_\_\_\_