



2009 Champions Baseball

TEAM REGISTRATION

Registration and Fee due by: **April 8th**
 League Games begins: **May 26th**
 Coaches Meeting: **April 21st (6:15p Arena)**

Return Registrations to: SportZone 3909 SW Burlingame Rd, Topeka, KS 66609
 Refund Fee of \$20 will be charged. \$30 fee on all returned checks.

No refunds after the league begins.

Contact SportZone: 267-4658 www.isportzone.com

This is your application for the 2009 Champions Baseball! Games will be played during the week Mon-Thurs either at 6 or 7pm. Champions baseball tries to emphasize good sportsmanship, quality instruction, and a relaxed atmosphere. The baseball league is co-rec for kids ages 4 through 12. All individuals will be provided a uniform shirt and hat. Players will be placed on rosters only when the office has received his or her application and fee. Please send team and preferred teammate applications in together to ensure placement together. **There will no longer be an admission fee for adults to games.** All teams will play a min of 6 games. Teams will need to have a minimum of 10 players on their roster. Teams playing in other leagues may turn a schedule with registration to aid in scheduling. Limited equipment will be available to the coaches with a deposit.

Team Name _____ Alternate League _____
(Ken Berry, Scabba, etc)

Head Coach _____ Email _____

Day Phone # _____ Eve Phone # _____

Asst. Coach _____ Email _____

Day Phone # _____ Eve Phone # _____

Uniform Color _____ Need uniforms? Add \$125 to team fee (Includes hat and shirt)

Division and Fees Add \$25 to fees if registration is received after April 8th- Ages as of May 1st

A- Tee-ball (4-6 yrs) \$425 _____ AAA- Kid Pitch (9-10 yrs) \$475 _____

AA - Coach Pitch (7-8 yrs) \$425 _____ Majors- Kid Pitch (11-12yrs) \$475 _____

*****PLEASE FILL OUT ROSTER ON BACK*****

Leagues will be cancelled if less than 4 teams are formed by April 23rd. All checks will be held until enough teams are available to run the league. Full refunds will be available only in the case that SportZone cancels the league.

My signature acknowledges I am the parent or legal guardian of the above listed minor. I understand medical insurance is not provided with NKFL and Champions programs. I release the NKFL from any and all liability whatsoever resulting from participation in NKFL activities. I authorize those in attendance to act according to their best judgment in emergency situations requiring medical attention. I hereby waive and release the SportZone and NKFL, it's staff, agents, sponsors, and/or coaches from any and all liability that may occur from accident, injury or illness sustained by my son/daughter during participation in these activities. I understand that no refunds will be applied within two weeks of the beginning date of a program. I understand behavior resulting in removal from a program does not constitute refund criteria. I understand that refunds, when applied, will have a \$20 administrative fee accessed. I understand that if equipment is issued in conjunction with any program, failure to return said equipment within 2 weeks of the end of the program will result in legal action. I understand that any photographs, medals, awards trophies, etc., associated with programs may be held for 30 days after the end on the activities at which time, if not claimed, will be disposed of. I understand returned checks will be accessed a \$30 processing fee. I understand that photographs of all SportZone, NKFL, MEGA, Shunga activities and activities conducted by leased tenants will be taken and may be used for brochures, promotions and advertising without permission.

I acknowledge all information and waivers contained herein.

Parent/Guardian Signature _____ Date _____