

THIS FORM MUST BE RETURNED IN ORDER FOR YOUR PLAYER TO PARTICIPATE!!!!!!



2011
ELITE INSTRUCTIONAL
ACADEMY



Fall Ball
High School League
309 South Floyd Blvd Sioux City, IA

First Name: _____ MI: _____ Last Name: _____
 DOB: _____ Current High School: _____ Grade: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 E-mail Address: _____
 Team: _____ T-Shirt Size: (circle) XL L M S
 Parent(s) or Guardian(s): _____
 Father: _____ Cell: _____
 Mother: _____ Cell: _____
 Home Phone: _____

2011 Elite Instructional Fall Ball

Individual Sign Up Fee: \$185.00 (includes Numbered Jersey, Wood Bat, 20 Games)

Team Sign Up Fee: \$2200 (includes 14 Numbered Jerseys, 11 Wood Bats, 20 Games)

PAYMENT METHOD: CASH: \$ _____ Check # _____

CHECKS PAYABLE TO: Elite Instructional Academy CASH OR CHECK ONLY!!!

The 2011 EI Fall baseball league will take place in August through October. Each team will play 2 games each Sundays at the end of the schedule there will be a single elimination tournament. The games will be 6 inning games played with **WOOD BATS**. Games will be played at Dakota City Baseball Field, Voss Field in South Sioux City and East High School. Players are encouraged to sign up with players they know. EI will place your player on a team if they do not select a team. You are encouraged to sign up as soon as possible. First fall game will be August 21st. EI will be keeping the standings on the website as well as stats if reported. Each individual sign up player will receive 1 wood bat to use through the fall season.

PLEASE READ THE FOLLOWING CAREFULLY, THEN SIGN AND DATE THE BOTTOM

I, parent or guardian of the above named candidate for a position on a Elite Instructional Fall team, hereby give approval to his participation in any and all league activities during the current season. I assume all risks and hazards incidental to such participation including transportation to and from all activities; and do hereby waive, release, the player to and from activities for any claim arising out of an injury to the player. I also grant permission to managing personnel to authorize and obtain medical care from any licensed physician, hospital or medical clinic should the player become ill or injured while participating in any league activities away from home, or at all other times when neither parent or guardian is available to grant authorization for emergency treatment.

I FURTHER RELEASE Elite Instructional Academy, and its officers, directors, coaches and other volunteer workers from any liability due to injuries or illness of any type which may be sustained by my child while participating in Elite Instructional Academy programs and activities.

I understand and accept the above:

Parent/Guardian Signature: _____ Date: _____

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TEAM SIGN UP SHEET

COST: \$2200

TEAM NAME: _____

COACH: _____

PLAYERS

MUST INCLUDE FIRST & LAST NAME & (SIZE)

1. _____ () 2. _____ ()

3. _____ () 4. _____ ()

5. _____ () 6. _____ ()

7. _____ () 8. _____ ()

9. _____ () 10. _____ ()

11. _____ () 12. _____ ()

13. _____ () 14. _____ ()

Only The Players Who Are Listed On The Team Sheet Are Eligible To Play During The Fall League. Player Must Still Fill Out An Individual Sign Up Sheet.