

Little League 2015

Games will be played on Sunday's from the end of March through the end of May/mid June, including Playoffs.

Practices will begin on Sunday, January 25, 2014 at the HANC Plainview Campus (25 Country Drive) from 430 to 6pm.

Children (boys and girls) in grades 3 thru 10 are eligible to play in the Prep (3/4), Junior (5/6), Intermediate (7/8) and Senior (9/10) Divisions of the Jewish Community Baseball League. The League plays hardball under the Williamsport Little League rules (go to <http://eteamz.active.com/jcbl/> for more info).

Cost: \$175 per player to cover league expenses, insurance, equipment, and uniforms. Players must have their own gloves, and cups. Cleats are recommended.

Teams will not be formed unless a *minimum number (9)* of players sign up in any Division. Teams will not be formed if there is no coach for that team.

If you want to coach, or have questions, please contact Marc Lieberstein at 516-728-1534/liebo5@optonline.net.

Form and Money MUST be mailed to:

**Marc Lieberstein
31 Maplewood Drive
Plainview, NY 11803**

Make all checks payable to: **Young Israel of Plainview, Inc.**

**FORMS & MONEY MUST BE RECEIVED
NO LATER THAN January 16, 2014**

Little League Registration Form 2015

PLEASE FILL IN ALL BLANKS

Player's Name: _____

Parent(s) Name: _____

Willing to Coach: ____ Yes

E-Mail _____ Phone Number () _____

Grade _____ Date of Birth _____ Boy Girl

T-Shirt/Pant Size (circle one): Youth 10/12 14/16 **Select size carefully!**

Adult S M L XL

Parental Permission

1. For the 2015 Little League season, I hereby give permission for my child, named above, to participate in the Jewish Community Little League games as a player on a Young Israel of Plainview team. I understand that it is my obligation to arrange for the timely transportation of my child both to and from games.

2. Emergency authorization for treatment, should the need occur, may be provided by: Name _____ or by my spouse, Name _____ who reside(s) at (Address) _____ Town _____ Zip _____. If I am (we are) unavailable, emergency authorization for treatment may be provided by:

Name _____ Phone # _____;

Address _____.

3. If for any reason the above named individuals are not available, I hereby authorize the coach of my child's team to give any and all emergency authorization as the coach deems appropriate. My hospital preference, if needed, is _____. I understand that in case of emergency, I give permission to have my child transported for treatment.

4. I hereby absolve the Young Israel of Plainview, its coaches and members, of any and all liability in pursuit of treatment for my child should the need occur.

Date

Signature (Parent/Guardian)

Make your check payable to Young Israel of Plainview, Inc. in the amount of:

\$175.00 per player

Send Completely Filled out Form(s) and Check(s) to:

Marc Lieberstein, 31 Maplewood Drive, Plainview, New York 11803