2024 Latrobe-Derry Area Fall Baseball

* Open to all players who are entering grades 6-12 for the 2024-2025 school year (no boundary restrictions), who are between the ages of 12-18.
* TWO separate Fall Ball Leagues: ages 12-14 and ages 15-18
* 12-14 will be allowed to use USA Baseball, BBcor or wooden bats
* 15–18-year-olds will be required to use wooden bats
* Season will run from on or about August 28, 2024, until October
* Games will be on Sunday mornings (9 and 11 am), Tuesday and Wednesday evenings (7 pm)
* Two hour time limit on games
* Continuous batting order and free substitution (everyone plays)
* Must participate in 4 regular season games to qualify for the playoffs
* Sponsors will provide jerseys for teams, league will provide wooden bats/game baseballs for each team

$80 REGISTRATION FEE PER PLAYER, $45 EACH ADDITIONAL SIBLING

CHECKS PAYABLE TO LDATL

Registration is due by ***July 1, 2024***

**Player Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Grade for 2024-25 school year: \_\_\_\_\_\_\_\_\_\_\_**

**Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Shirt Size: S M L XL**

**Positions played:**

**Do you wish to pitch? Yes No**

**Do you wish to catch? Yes No**

**TEAM/MANAGER 2024 *Fall Ball***

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Special Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact Information**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_**

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

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Player’s Primary Care Physician/Practice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Physician Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

As the parent/legal guardian, I attest and verify that I have full knowledge of the risks involved with my son participating in the Latrobe-Derry Area Wooden Bat Fall Baseball program. I hereby waive and release all rights and claims against the Latrobe-Derry Area Teener League, its officers, coaches, umpires, and volunteers from injury, damages, fees, and other expenses arising from or in connection with participation in this league. In addition, I give permission for my child to be treated by qualified medical personnel in the event that I am unable to be reached.

Print Parent/Legal Guardian Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Parent/Legal Guardian Signature: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for your interest in the Latrobe-Derry Area Wooden Bat Fall baseball program. We started this program in the fall of 2012 to give our children an opportunity to continue to play the game they love after their summer teams finished up for the season. Now in its 12th year, the league has grown and prospered into one of the better fall baseball programs in the area.