



1200 GRANDVIEW AVENUE • DES MOINES, IOWA 50316-1599  
515-263-2800 • WWW.GRANDVIEW.EDU

## Grand View University Athletic Club Fall Baseball Sunday League

September 13 – October 18, 2015

### REGISTRATION

Sign up quickly as rosters rapidly fill up. Last fall more than 50 hopefuls missed the deadline — DON'T MISS OUT!!!

### CLASSIC INFORMATION

#### **Opening Session – September 13, 2015**

10:00 a.m., Grand View University Baseball Field

- Hand out game schedule, game t-shirts, meet your teammates.
- Grand View baseball players will be your supervisors.
- Individual skills testing:

Running times – 60 yard and first base times

Catchers release time

Radar gun – Arm strength (MPH)

#### **Five Sunday games – September 20, 27 and October 4, 11, 18**

Game times – 9:30 a.m., 11:45 p.m., 2:00 p.m., 4:15 p.m.

Playing Field – Grand View University, 1500 Morton Ave.

- 15 players maximum per team
- Playing time guaranteed for all players
- Two hour time limit no matter the number of innings played
- Each batter starts with a count of one ball, one strike
- High school certified umpire will be provided for each game to call balls and strikes.
- Rainouts will not be rescheduled. Every effort will be made to prepare the baseball diamonds each Sunday. A decision will be made by 8:00 a.m. **An email will be sent in case of inclement weather.**
- Cancellation of games will be considered if temperature is below 50 degrees as possible serious injury can occur.

### QUALIFICATIONS

- Grades 9–12
- Provide your own gloves, pants, hats, and bats. Game t-shirts, balls, helmets, and catching gear will be provided.
- Available to play every Sunday for five weeks, September 13 – October 18. No practice sessions take place to conflict with fall high school teams. **This is not an instructional league – GAMES ONLY.**
- Love to play baseball and have fun on five Sundays.

### FEES AND REFUNDS

\$90 registration fee – check or money order only

Payable to Grand View University

Mail registration form and fee to:

Lou Yacinich  
Baseball Coach  
1200 Grandview Ave  
Des Moines, IA 50316

**Sign up individually or as a team – 13 or more from  
the same school.**

*Refunds will not be made:*

- After the September 13 opening session.
- If you are ejected from any game, you will be removed from the Classic permanently. No refund.

### FOR ADDITIONAL INFORMATION

Days – 515-263-2897 or 515-263-6049

[www.grandview.edu](http://www.grandview.edu) > Athletics

**We look forward to having you with us in the fall.**

# Grand View University Athletic Club Fall Baseball Sunday League

September 13 – October 18, 2015

Grand View University Baseball Field • 1500 Morton Ave, Des Moines, Iowa

## REGISTRATION INFORMATION

Participant's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Date of birth \_\_\_\_\_ Age \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

High school \_\_\_\_\_

Graduation year \_\_\_\_\_ Varsity coach \_\_\_\_\_

Positions played \_\_\_\_\_ Best position \_\_\_\_\_

Bat \_\_\_\_\_ Throw \_\_\_\_\_

Emergency contact name \_\_\_\_\_

Relationship \_\_\_\_\_ Emergency phone \_\_\_\_\_

## \$90 REGISTRATION FEE

Check or money order only, payable to Grand View University

Mail registration fee and form to:  
Lou Yacinich  
Baseball Coach  
1200 Grandview Ave  
Des Moines, IA 50316

*\*The registration fee is non-refundable after September 13, 2015*

## ADDITIONAL INFORMATION

Lou Yacinich – 515-263-2897 or Doug Brinker – 515-263-6049 • [www.grandview.edu](http://www.grandview.edu) > Athletics

## RELEASE AGREEMENT

As the parent/legal guardian of \_\_\_\_\_, the undersigned does hereby acknowledge that the aforementioned minor has my permission to participate fully in this event. I authorize an adult, in whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. I shall be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. I agree to indemnify and hold harmless Grand View University, their officers, agents, employees, and volunteers from any and all liability, claims, causes of action, or demands of any kind and nature whatsoever, including without limitation personal injury, illness, physical condition, inconvenience, or loss sustained by the minor which may arise from or in connection with their participation in any activities related to the camp. The terms hereof shall serve as a release and assumption of risk for the minor, parents or guardians, heirs, estate, executor, administrator, assignees, and all members of the minor's family. I have read and understand this acknowledgement and release and execute it as a free and voluntary act. Further, this acknowledgement and release is contractual and not a mere recital.

Parent/legal guardian signature \_\_\_\_\_

Parent/legal guardian printed name \_\_\_\_\_ Date \_\_\_\_\_

Health insurance company \_\_\_\_\_

Policy number \_\_\_\_\_