

Varsity_____ JV_____

High School Graduation Class: 2012__2013__2014__2015__

Players Name _____ Position (s) _____ D.O.B. _____ Age ____

Street Address _____ City _____ St _____ Zip _____

Parent Name(s) _____ Home Phone _____

Player's Email _____ High School _____

If player is not a free agent please fill out team information below:

Team Name _____ Organizer's Name _____

Organizer's Phone _____ Organizer's Email _____

Organizer's Address _____ City _____ ST _____ Zip _____

Equipment Information:

There will be a pre-season meeting to describe the league, introduce coaches, and distribute wood bats and game jerseys

Note: Organizers with teams already prearranged must collect registration forms/ fees. A \$400.00 deposit is required to secure your team spot in the league. The team deposit is non-refundable after August 12th, 2011

Fall Fee Per Team: \$2388.00 Fall Fee Per Free Agent: \$249.00

Checks payable to: **ACE Program, INC P.O. Box 16866, Rocky River, OH 44116**

Phone: (440) 539-4428 Website: www.acebaseball.com

INDEMNIFICATION BY PARENT OR APPLICANT

The undersigned guardian of _____ agree to save, indemnify, and keep harmless ACE Program, INC. its agents, sponsors, and employees against any and all liability and claims, judgments, or demands for damage arising as a result of injuries sustained while attending, participating, and playing in any and all ACE Program activities during the season.

Signature of Parent or Guardian _____ Date _____ Office Use Only ____/____/____