



***2015 Jr. League Spring Training***

**The 8th Annual Park River Jr. League Spring Training Baseball Program**

**LEAGUE INFORMATION**

This program will be a demanding, structured, program. The emphasis will be to expose the younger players to the concept of fundamental baseball, while continuing to develop the Cal Ripken(09-13 YO) level player.

**ENROLLMENT AND FEES**

All players ages 9-13 who intend to participate in an organized Park Board (or equivalency) baseball program during the summer 2015 months. The Nine (9) and Ten (10) year olds who participate should intend to play in a structured player pitch league.

Fees are “FREE”. Donations to the Park River Baseball Boosters are needed and appreciated.

**REQUIRED EQUIPMENT**

Players are required to bring own glove and hat. Bats and balls are provided by coaching cadre. **Players who show up wearing shorts (gym type), without pants, will not be allowed to participate.** Sweatshirts over t-shirts are recommended.

**LOCATION AND TIME**

Training will be conducted at the ball diamond west of the Legion Baseball diamond in Park River, ND beginning at 3:50 PM. Each session should last 1 hour 15 minutes.

**TRAINING DATES**

Training is tentatively scheduled to begin on Monday April 15, 2015. Sessions are currently scheduled for M,T,W,T, however depending on the number of interested players, the younger players could be separated for the first 2 weeks, playing on Tue,Thur. **Complete schedules will be provided following signup.**

**COACHING STAFF**

All coaching and instruction will be by, or directed by, Brent Zimmerman. Brent Zimmerman is the current coach of the Park River Babe Ruth Baseball team. Coach Zimmerman is a product of North Dakota Baseball, having played legion baseball for the Grand Fork Royals, and college baseball at the University of North Dakota.

Coach Zimmerman has previously coached at the legion and high school level in North Dakota and Texas.

**CONTACT INFORMATION**

This program is not associated with Park River Park Board, however oversight is provided by the Park River Baseball Boosters.

Please direct inquires to Brent Zimmerman at 701 894-6470 Hm 701 360-7827 Cell

**PLAYER INFORMATION**

**NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**PROGRAM AFFILIATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CONTACT #’S:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMAIL :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Hold Harmless Agreement**/**Waiver of Liability**

**2015 Jr. League Spring Training**

In *further consideration of my participation in the 2015 Jr. League Spring Training.*

*I hereby release and hold harmless the City of Park River, North Dakota, Park River Baseball Boosters Inc., Park River Park Board, and Brent Zimmerman, for any personal injuries I may sustain as a result of my participation in activities of the 2015 Jr. League Spring Training. This includes on and off-campus activities, trips, practices, etc.*

*I hereby agree to assume all risk of injury and loss that may arise as a result of participating in this activity and further agree to hold: The City of Park River, North Dakota, Park River Baseball Boosters Inc. Park River Park Board, Brent Zimmerman, the 2015 Jr. Spring Training staff, and/or its agents, harmless* for any injury or loss that arises as a direct or indirect result of any act or omission of any third party.

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Players Name Signature Date

Address/Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Information:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address/Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Insurance Information (Carrier and Policy Number):**

**If student is less than eighteen years of age, a parent or legal guardian must sign below.**

As parent/legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I hereby sign this Hold

Harmless Agreement on behalf of my son/daughter/ward.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Legal Guardian signature Date