

2017 HOWARD SUAMICO BOYS FALL BASEBALL (GRADES K – 12)

2017 FALL BASEBALL CALENDAR:

- July 10 – Aug 5 Mail-in Registration Only – **No On-Line** registration for Fall Baseball
 Aug 14..... Evaluation workouts – **No contact will be made prior to the workouts.**
- Rookie League: **No workouts required** – Coaches will call you with your first practice information
 - Minor/Major Leagues: Report to **Akzo Nobel Park** at 5:30 pm
- Aug 14 & 16 Pony / Babe Ruth : Report to Bay Port Baseball Diamond 2 at 5:30pm. Legion : Main Diamond 5:30pm.
 Aug 17 - 20..... Coaches will contact players with team assignment and practice schedule
 Aug 21, 24, 28, 31 Team Practices
 Sept 7 - Oct. 12 Rookie/Minor/Major: Games every Monday and Thursday. No practices/games Sept. 4th. (Labor Day)
 Pony / Babe Ruth / Legion: Games Mondays-Thursdays and some Saturdays/Sundays.

2017 FALL BASEBALL INFORMATION:

- Eligibility All boys grades K thru 12 (Fall 2017). Must either live in the Villages of Howard or Suamico or attend school in the Howard Suamico School District.
- Leagues ROOKIE AMERICAN – Instructional Machine Pitch LeagueGrades K and 1
 ROOKIE NATIONAL – Competitive Machine Pitch LeagueGrades 1, 2, 3
 MINORGrades 3, 4, 5
 MAJORGrades 5, 6, 7* (*if necessary, 7th graders will be reassigned to the appropriate league)
 PONY / BABE RUTHGrades 7*, 8, 9
 LEGION (Roster limitations / Try-outs required).....Grades 10, 11, 12
- Games Rookie, Minor, & Major League games are played at Akzo Nobel and Calavera Park on Mondays and Thursdays. Pony, Babe Ruth, and Legion games are played Mondays thru Thursdays and some weekends at various diamonds in the Green Bay and Fox Valley area. Starting times for all leagues will vary.
- Fees..... Rookie, Minor, and Major Leagues = \$60.00/player. Pony, Babe Ruth, and Legion Leagues = \$70.00/player.
- Uniforms..... Players are responsible for supplying their own **white** baseball pants and colored leggings. For Rookie, Minor & Major - caps and jerseys will be provided (you keep the cap and return the jersey once the season is over). For Pony, Babe Ruth, & Legion – shirts will be provided (you keep them after the season); you provide the cap (same Bay Port cap as used in summer Pony / Babe Ruth / Legion Leagues).
- Director Contacts Rookie League Adam Marciulionis..... 920-819-3804 almarciulionis@yahoo.com
 Minor League Harvey Knutson..... 608-642-6738 harvknut@hssd.k12.wi.us
 Major League Steve Zimmer..... 920-619-9043 sbzimmer48@gmail.com
 Pony / Babe Ruth Mike Simoens 920-366-5010 michsimo@hssd.k12.wi.us
 Legion Mike Simoens 920-366-5010 michsimo@hssd.k12.wi.us

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Players Name: (First & Last)		League: <input type="checkbox"/> Rookie American <input type="checkbox"/> Rookie National <input type="checkbox"/> Minor <input type="checkbox"/> Major <input type="checkbox"/> Pony/Babe Ruth <input type="checkbox"/> Legion			
Full Address: (Include House Number, Street, City & Zip)					<input type="checkbox"/> Howard <input type="checkbox"/> Suamico (Please check (√) One)
Date of Birth:	Grade (2017-18):	Current Age (as of 8/1):	School Attending (2017-18):		
Father's Name:	Home #:	Cell #:	Email:		
Mother's Name:	Home #:	Cell #:	Email:		
I am interested in being a volunteer coach: (WE NEED COACHES!! - PLEASE CONSIDER EVEN IF PART-TIME)					
Name:		Phone:			
Medical Information: (Doctor name & contact number)					
Allergies:					
Medical Conditions:					
Medications:				Contact Lenses: <input type="checkbox"/> Yes <input type="checkbox"/> No	
I understand that participation in the Howard Suamico Baseball program involves an element of risk or danger for all participants and may cause serious injury, death, or property loss. I agree to assume these risks for my family and release the Village of Howard, the Village of Suamico, the coaches, the baseball commissioner, the league presidents, HYSA, and other participants from any liability for injuries and/or damages sustained while participating in these programs. I understand that a physician's approval is encouraged to participate. I also hereby give my permission for emergency medical treatment should the need arise.					
Parent/Guardian Signature:					Date:

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