



The Cedar Hills Booster Club would like to invite your son (ages 4-14) or daughter (ages 4-14) to register for the 2021 season. 2021 leagues and age groups are as follows:

| League | Ages | Fees | League | Ages | Fees |
|-------------------|-------------|---------|----------------------|-------------|---------|
| **Co-Ed T-Ball | 4,5 | \$45.00 | Baseball Coach Pitch | 6,7 | \$60.00 |
| Girls Coach-pitch | 6,7 | \$60.00 | Baseball Minors | 8,9,10 | \$65.00 |
| Girls Minors | 8,9,10 | \$65.00 | Baseball Majors | 11,12,13,14 | \$65.00 |
| Girls Majors | 11,12,13,14 | \$65.00 | | | |

Adjustments may be made to make up a full team. We will ask permission from parents before bumping a child up a level or down a level if we are short on teams.

* Ages in these divisions may change depending on enrollment numbers. ** T-Ball will play 6 games (games to be played on Saturday mornings with 1-2 Friday night games)

To participate in a league: League age is determined by your child's age on May 1. Signed liability waivers are required. Weeknight practice can start as early as the first week of April depending on fields, weeknight games start in May.

The non-refundable registration fee includes a hat, numbered tee shirt, team and player photo, plus 2 player photo pins. Registration fee covers all participation fees. Trophies and Medals will only go to those teams who play in the championship game.

Further information is available at www.cedarhillsboosterclub.com. Email webmaster@cedarhillsboosterclub.com.

Some leagues fill up fast. We recommend registering online or by mail as early as possible.

TO REGISTER AND PAY (or postmarked) BY MARCH 20th 2021

ON-LINE at www.cedarhillsboosterclub.com, or BY MAIL to Cedar Hills Booster Club, PO BOX 9051, Cedar Rapids IA 52409-9051



Please return the following form with payment for mail or in person registration.

LEAGUE: _____ Co-Ed T-Ball _____ Coach-Pitch _____ Minors _____ Majors

Player First Name: _____ Last Name: _____

Player Birthdate: ____/____/____ Gender: Male () Female ()

Guardian 1 Name: _____ Guardian 2 Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alternative phone: _____

Email 1: _____ Email 2: _____

Place on same team as a sibling: YES NO (siblings must have the same physical address) Indicate sibling name: _____

Circle Shirt Size Youth Sizes: YS – 6-8 YM – 8-10 YL -10-12 Adult: S M L XL XXL

Be sure to choose the right size, as we will NOT be able to reprint any shirts. We suggest sizing UP in shirts.

Please list any medical conditions which may affect your child's participation: _____

Volunteers are needed to run this league: Please indicate any interest you have (feel free to circle more than one):

COACH

UMPIRE

BOARD

MEMBER

CONCESSIONS