

GREAT FUTURES START HERE.



BOYS & GIRLS CLUBS
OF ARLINGTON



Administration- 817.275.6551 x:223

Main Branch- 608 N. Elm St, Arlington TX. 76011

Roquemore Branch- 2001 Van Buren, Arlington TX. 76011

East Branch- 2011 Wynn Terrace, Arlington TX. 76010

South Davis-2001 South Davis Dr, Arlington, TX 76013

Don Kromer Branch- 200 E. Cravens Park Dr. Arlington TX. 76018



SKILL DEVELOPMENT LEAGUE - GENERAL INFORMATION:

1. Skill Development starts PROMPTLY at **9:30 a.m.** then all youth are evenly split into two teams to practice the skill
 - Development activities are taken from the B&GC of America "Wanna Play" curriculum
2. During game time (10:10-11:30) - Every Player will hit **twice**
3. **6-9 YRS** - can have up to 10 players on the field (4 in the outfield)
4. **10-12 YRS** - If pitcher throws 4 balls to the hitter, hitters coach will go out and throw 2 pitches. If players fails to hit 1 of the 2 pitches, batter is considered out.

- Ages 6-12
- Boys & Girls
- Low Cost
- Saturday Games
- 4 Week Season/Skill Development

League Fee Includes Baseball *Sports of All Sorts* Jersey

AGE/GRADE ASSIGN DIVISION:

Age & grade of child dictate division assignments. Youth of younger age but in grade for next division grade may play "up" but older youth that are in lower grade may not play "down". League is designed for youth ages 6-12 Years. Child **cannot** participate if they turn 13 yrs during League Play (on or before **July, 17 2015**)

LEAGUE MISSION

To provide young people with opportunities for friendship, sportsmanship, skill development and healthy use of free time that will lead into successful adulthood.

***THIS IS A SKILL DEVELOPMENT LEAGUE**

2015 SEASON SCHEDULE

Begin Registration:.....April 20th
 End Registration.....July 2
 Summer Programming Begins at BGCA.....June 8
 (6 & 7) First Season Game.....July 17
 (8 & 9) First Season Game.....July 17
 (10-12) First Season Game.....July 17
 Final Games..... Aug. 7
 End Summer Programming at BGCA.....Aug 14

Also stay in contact with your Branch Managers to see when the next Skills Clinic of Ranger Game might be happening with the Boys & Girls Clubs!

Jr. RBI BASEBALL BENEFITS

- Learning the rules, fundamentals and basics of all positions
- Learning lessons about teamwork and sportsmanship (e.g., respect for umpires and players)
- Forging relationships with positive adult role models and mentors, including Club staff, coaches and volunteers
- Improved fitness, conditioning and enhanced stress management skills
www.mlb.com

VOLUNTEER COACHES NEEDED!!

Become a coach or assistant coach for ANY of our athletic programs. *Experience preferred but not necessary.* **Must complete a volunteer application for '15-16 and pass a background check.** Must also participate in a coach's clinic & training for each specific sport. Training provided online through the National Youth Sports Coaches Association. Our coaches receive membership in NYSCA and lots of added benefits!!





BOYS & GIRLS CLUBS
OF ARLINGTON

2015 Jr. RBI Baseball

(Co-ed - Age 6-12)



~ **6 & 7 yrs.** Tee Ball League: games begin **Friday** July 17th , 2015 ~ **8 & 9 yrs.** Coach Pitch League: games begin on **Friday** July 17th , 2015~

~ **10- 12 yrs.** Kid Pitch League: games begin on **Friday** July 17th, 2015 ~

GAMES ARE PLAYED DURING THE MORNING HOURS ~ GAME TRANSPORTATION PROVIDED BY B&GC FROM BRANCH SITES

Game Location: *Randol Mill Complex: 1901 W Randol Mill Rd Arl. 76012)*

Practice Info: Practices are held at your Club M-F ~~~ **TALK TO KROMER, EAST, MAIN, ROQUEMORE, OR SOUTH DAVIS FOR INFO!**

Current BGC Member? Y / N **Location:** _____ **Gender:** Male/ Female **School:** _____ **Grade:** _____

Player Name: (Please Print) _____

Single Race: Circle One

White/ Caucasian
Black/ African American

Asian
American Indian/ Alaskan Native
Pacific Islander/ Hawaiian Native

Multiracial: Circle One

Black/ African American & White
Asian & White
American Indian/ Alaskan Native & White
Pacific Islander/ Hawaiian & White

Age: _____ **D.O.B.:** ____/____/____

Address: _____ **Apt #:** _____

City: _____ **Zip:** _____

Ethnicity

Hispanic

Non- Hispanic

Parent or Guardian Name: _____ **Cell Phone Number:**(____) _____

Home Phone:(____) _____ **Email Address:** _____

Emergency Contact Name: _____ **Phone Number:**(____) _____

Does family have medical insurance? Y / N **Insurance Company:** _____

Policy Number: _____ **Preferred Hospital:** _____

Known health concerns: please list any health concerns we need to be aware of during games & practices (i.e. asthma, heart conditions)

FEE SCHEDULE

\$35

Registration League Fee- (Includes JrRBI Team Uniform Jersey) **Registration Ends : July 3rd, 2015**
Registration Fees are non-refundable due to equipment cost, field upkeep, uniforms, umpire, coordinator and admin fees.

>>>Please Note: You must turn this form in to Club but you can pay by credit card online at www.bgc Arlington.org

Jersey Size: Youth Sizes YS YM YL

Adult Sizes SM M L XL

I am a Parent interested in being involved (mark all that apply) *be sure to complete vol. app.

____ Coach ____ Asst. Coach ____ Score Keeper
____ Refreshments

League Division - Mark ONE: _____ **Cadet Division (6-7yrs) /** _____ **Junior Division (8-9yrs) /** _____ **Senior Division (10-12yrs)**

I, as a parent/guardian of named minor, do hereby release the Boys & Girls Clubs of Arlington (a.k.a. the "Club") from all **liability** to me, my child and my child's personal representative, assigns and heir for all claims which my child or I may have against the Club and/ or its sponsors resulting from participation in or connections to a Club- related activity. I approve of my sons/daughters application for membership and/or participation in Boys & Girls Clubs of Arlington sports leagues. I will not hold the members of the Board, Staff or Leaders responsible for injury, which may occur while participating in above Boys & Girls Clubs of Arlington activities. I also acknowledge that medical insurance is not provided by the Boys & Girls Clubs of Arlington. I hereby authorize the Club, as my agent, to secure **medical treatment** as is deemed necessary and will, on behalf of said minor, assume and pay all expenses associated with such treatment in the event of accident, illness, or other capacity. I understand that the Club may use **testimonials, statements, and/ or photographs** of my child taken of his/ her involvement in **youth recreation facilities** we observe an open door policy. Our staff do not maintain the right to grant "permission" for children to leave the facility, nor do our staff take the authority to insist or enforce them to stay. I certify that all of the information on this form is true and correct. I give my permission to the Club to **share information** about minor listed on the application with the Boys & Girls Clubs of America (BGCA) for research purposes and/ or to evaluate the program's effectiveness. Information that will be disclosed to BGCA may include the information provided on school and other information collected by the Club including data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential. **Players who have unpaid balance from previous B&GC leagues will not be allowed to play until payment is made in full**

Parent/ Guardian Signature _____

Date _____

Internal Only: Paid? Y / N **Date Received:** ____/____/____ **Date Processed:** ____/____/____ **Receipt #:** _____

Amount Paid: _____

Payment Plan Balance: _____