Calhoun College Fall Baseball League 2015

The Calhoun Fall League is designed to provide area high school players an opportunity to play the game they love in the off season. This league will provide an opportunity for pitchers and hitters to see live pitching and hitting. This is not an “Instructional League”, although the participants will be coached by Calhoun players that will offer instruction to the fundamentals of the game.

The Calhoun Fall League will consist of 8 games with approximately 12 players on each team. The 8 games will be played in the months of September and October on Tuesday and Thursday nights at Decatur and Austin High School fields.

Registration ends August 24th, 2015

The Calhoun Fall League registration fee of $160 provides for game T-shirt, helmet usage, and baseballs. There are no refunds.

For further information contact Coach Joey Noro
@ Cell 412.760.8053 office 256.306.2546
Email jnoro58433@calhoun.edu
Calhoun Fall League Rules

- Players must act with class. No bad language. No mistreatment of equipment. No disrespect of their coaches, other players, umpires, or staff.
- All games have a 1 hour 45 minute time limit.
- No tobacco products.
- All players start with a 1 -1 count to allow for more at - bats.
- Players (including catchers) must provide their own equipment.
- An insurance card must be provided before the first game.
- Players must be present **20 minutes before** game time.
- Warm up will be conducted on the outfield lines.
- If you have to miss a game, you must contact your coach one day in advance.
  - *If you miss two games, your spot on the roster will be forfeited.*
- In accordance with the Alabama High School rules, no more than 5 players from the same high school team will be assigned to the same team.
Calhoun Fall League Registration

1. Please fill out the information below.
2. Enclose your registration fee of $160. Make checks payable to Calhoun Baseball.
3. Attach a copy of your insurance card.
4. Read, sign, and enclose the Assumption of Risk Waiver.
5. Return all items to:

   Calhoun College, Calhoun Fall League, Attention Coach Noro
   PO Box 2216, Decatur, AL 35609

Name_________________________________________ Age______ Grad Year ______ DOB ______________________
Address_________________________________________________________________________________________Apt________________________
City__________________________
Home phone_________________________ Email__________________________________________________________
Player’s Cell Phone________________________
T Shirt Size (Circle One)   S   M   L   XL   2XL
Hat Size (Circle One)   S   M   L   XL
Father’s Cell Phone_________________________ Mother’s Cell Phone________________________
Name of High School________________________________________
Name of HS Coach__________________________ Phone Number________________________
Bats (circle)  R or L   Throws (circle)  R or L
Primary Position________________________________ Secondary Position________________________________
Varsity or JV (circle one)
GPA __________________ ACT __________________
List up to four players that you would like to have on your Fall League team. We will try to accommodate you.
   1. ___________________________________
   2. ___________________________________
   3. ___________________________________
   4. ___________________________________

Office Use Only:
Date rec’d __________ Amnt Paid _________ Check # __________ Ins Card________ Waiver signed ___________
### Calhoun Fall League

**Assumption of Risk Waiver**

As a participant in the sport of baseball there is an acceptable risk of injury. Calhoun has taken reasonable precautions to reduce the risk of injury by providing competent coaching and instructions, well maintained equipment and facilities, and medical coverage.

Catastrophic injuries in athletes, although extremely uncommon, can happen to any participant. Participation in sports could result in death, serious head, neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of musculoskeletal system or impairment to other aspects of your body, general health and well being.

By signing this Assumption of Risk Waiver, you do assume the risk of becoming tragically injured while participating in the Calhoun Fall Baseball League.

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<tr>
<th>Parent or Guardian Signature</th>
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*(Signature is required if player is under age 18)*
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<th>Date</th>
<th>Time</th>
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*Visiting Team is listed first*