



ATTENTION BASEBALL COACHES AND PLAYERS

ACE is determined to help the development of area baseball. Our programs are regarded as the most productive and organized in Northeast Ohio. ACE will minimize time, travel, and financial restraints for coaches and families with this all-inclusive league. Coaches are encouraged to organize their respective teams and submit rosters to ACE as soon as possible. Independent players will be assigned to teams following registration deadlines.

LEAGUE DETAILS:

- Rosters-Minimum 10 players
- 10 Game Schedule (Sundays 9/14-10/12)
- All umpires, baseballs and field prep are provided
- U8-U15 leagues(U14 & U15 age group will also have an evaluation day)
- Participant T-shirt
- League Site- Volunteer Park, Lunn Rd. Strongsville, OH/Foltz Park
- League play begins Sunday, September 14th

Fees:

Team Cost: \$599.00 (less than \$60 per player)

Free Agent Cost: \$80.00 per player

COACHES: If you are interested in coaching please list your name and phone number below.

Name _____ Phone _____

FALL LEAGUE REGISTRATION FORM Please check: Free Agents_____

Division Age- U8__ U9__ U10__ U11__ U12__ U13__ U14__ U15__

Players Name _____ Position (s) _____ D.O.B. _____ Age _____

Street Address _____ City _____ St _____ Zip _____

Parent Name(s) _____ Home Phone _____

Player's Email _____

U14 Players list the High School you will be attending _____

If player is not a free agent please fill out team information below:

Team Name _____ Coaches Name _____

Coaches Phone _____ Coaches Email _____

Coaches Address: _____ City _____ St _____ Zip _____

Note: Coaches with teams already organized must collect registration forms/ fees. A \$100.00 deposit is required to secure your team spot in the league. The team deposit is non-refundable after August 25th, 2008

Fall Fee Per Team: \$599.00 Fall Fee Per Free Agent: \$80.00

Checks payable to: **ACE Program, INC 2752 Wooster Road, Rocky River, OH 44116**

Phone: (440) 539-4428 Website: www.amateurcoacheseducation.com

Visa/ Master- Card

Credit Card # _____ Exp Date _____

INDEMNIFICATION BY PARENT OR APPLICANT

The undersigned guardian of _____ agree to save, indemnify, and keep harmless ACE Program, INC. its agents, sponsors, and employees against any and all liability and claims, judgments, or demands for damage arising as a result of injuries sustained while attending, participating, and playing in any and all ACE Program activities during the season.

Signature of Parent or Guardian _____ Date _____ Office Use

Only _____/_____/_____