



DeSales Catholic School

Challenged by Faith. Inspired by Knowledge.

2010 JUNIOR VARSITY AND VARSITY SOFTBALL PROGRAM

The 2010 Softball season is just a few short weeks away. We anticipate a start date of practices to begin as early as March 2nd with game play to begin as early as April 19th. There will be a fee yet to be determined but is expected to be approximately \$50 per child. We also know that:

- ✓ 8-10 game schedule
- ✓ Games scheduled for one week night and/or one Saturday per week
- ✓ Playoffs at end of May, first week of June
- ✓ Games played at Jurek Fields (Millersport and New Road)
- ✓ 60' diamonds with 40' pitching
- ✓ Baseball Jersey and Cap included in Fee
- ✓ Team will be limited to 12 players, every effort will be made in order not to "cut" (ie multiple teams if enough players/coaches)
- ✓ Varsity practices will be Tues and Thurs @ Charles Upson

As with most activities we rely on the support of our family volunteers. If you have the desire to support the program, you can express your interest by filling out the required information on the Registration & Parent Permission Form.

Please fill out the attached Registration & Parent Permission for Sports Participation form. A current Medical Release form is also required. Practices will begin shortly. If there are any questions please feel free to contact one of the committee members at their telephone and/or e-mail address listed below:

Baseball/Softball Committee:

Varsity Todd Fragale – (C) 510-5194 tpfgolf@roadrunner.com
Varsity Mike Connolly – (C) 696-2720 mikeconnolly@roadrunner.com
Junior Varsity Sheila Lawrence – (H) 433-7216 hannahluke1@aol.com
Coordinator Cono Sammarco – (H) 433-3022 cpsammarco@hotmail.com

Thank you!



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REGISTRATION & PARENT PERMISSION FOR SPORTS PARTICIPATION

Student Name: _____ Grade: _____

Student Homeroom: _____

Name of Parent / Guardian(s): _____

Address: _____ Email: _____

Home Tel: _____ Work Tel: _____ Cell: _____

_____ has my permission to participate in Softball during the school year 2010. He/she will be expected to attend all scheduled practices and games. If needed, I understand that my son/daughter is responsible for all equipment/uniforms issued, and if any of the equipment/uniforms issued are not returned in proper condition, I am liable for their replacement value.

If you would like to coach a team or assist, please indicate: **Coach / Assist**

Name: _____ Phone: _____

In case of an emergency and I cannot be reached, call:

Name: _____ Phone: _____

Relationship to student: _____

Or

Name: _____ Phone: _____

Relationship to student: _____

If I cannot be reached, I give my permission for the coach or a responsible school representative to have my child treated by a physician.

My child has received a medical release to participate in softball and he/she has been in good health since, having no accidents or major illness.

Please complete a Sports Medical Release Form (Unless one has been submitted and on file for the current academic year).

Parent Signature: _____ Date: _____