



Scripps Ranch Little League
10755-F Scripps Poway Parkway #453
San Diego, California 92131
(858) 578 – 0248

Dear Little League Players and Parents,

Players: Our Spring season is over and we hope you had a fun time improving your baseball skills and meeting new friends. Please remember to thank your parents for giving you this opportunity. It is now time to sign up for **Fall Ball**. If you were league age 8-11 years old this past season, you are eligible to play in this league. This is a 3-month league beginning just after Labor Day and finishing just before Thanksgiving. The focus of this league is instructional, providing an excellent “bridge” for those players expecting to play in a higher division next Spring. Last year, players not only enjoyed fun methods for improving fundamental skills in a non-competitive atmosphere, but the league provided additional coaching and skills clinics from San Diego School of Baseball. We hope to be able to provide something similar this year.

Parents: Depending on the number of participating players this year, we will try to provide the same experiences as in the past, with some adjustments to include more games in place of practices, and to speed up the games. If you have additional suggestions, please share those with us too. Fields are not secured yet, but we anticipate approval for the following:

8-9 year olds, Sundays 12:30-2:30pm at Jerabek School and Park

10-11 year olds, Sundays 3-5pm at Jerabek School and Park

Enclosed, please find a **registration form for players** and a **sign-up form for coaches**.

REGISTRATION FORM, A CHECK FOR \$40 MADE OUT TO SROLL, AND COACH FORMS
MUST BE RETURNED BY AUGUST 10th !!!

SEND TO: SROLL FALL BALL
10755-F Scripps Poway Parkway #453
San Diego, CA 92131

Coaches will be calling toward the end of August to give you information on times and locations. SROLL recommends coaches limit practices to Sunday afternoons only, once again stressing skill development and minimizing competition.

Our sincerest thanks to Jon Starr and Ken Moser for volunteering to coordinate this season. Please offer them your gratitude and assistance.

If you have any questions or just have a couple hours to volunteer to the League this year or next, feel free to e-mail me at tldmom@msn.com and thank you for your support.

Sincerely,

Teri Denhart

Teri Denhart
SROLL President

SCRIPPS RANCH LITTLE LEAGUE
2003 FALL BALL REGISTRATION FORM

Player Information

Name: _____ Birth Date: _____
Address: _____ 2003 League Age: _____
City: _____ (As of 7/31/02)
Email Address: _____ Division Played: _____
Birth Certificate on File? _____ (Spring 2003 Season)

Fee is \$40 per player, includes team hat and shirt. Season is Sundays, September through November

Guardian Information

Guardian's Name: _____ Home Phone: _____
Employer: _____ Department: _____
Healthcare Provider: _____ Plan/Policy #: _____

Release and Medical Consent

I hereby give my approval for the above named player (The Player) to participate in any and all Little League activities including transportation to and from the activities. I know that participation in baseball may result in serious injuries and protective equipment will not prevent all injuries to The Player, and do hereby waive, release, absolve, indemnify, and agree to hold harmless Scripps Ranch Little League, Little League Incorporated, the organizers, sponsors, supervisors, participants, and persons transporting The Player to and from activities for any claim arising out of any injury to The Player whether the result of negligence or for any other cause.

I agree to return upon request the uniform and other equipment issued to The Player in as good condition as when received except for normal wear and tear. I will furnish a copy of the birth certificate of the Player to Scripps Ranch Little League Officials.

I authorize Scripps Ranch Little League, Inc. as agent for the undersigned to consent to x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any licensed physician or surgeon whether such diagnosis or treatment is rendered at the office of said physician or at a hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority to Scripps Ranch Little League to give specific consent to all and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his/her best judgement may deem advisable. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

Player's Current Medications and Allergies: _____

Guardian's Signature: _____ Work Phone: _____

Friends of Scripps Ranch Little League

The quality of fields and equipment in Scripps Ranch Little League is greatly dependent upon our financial strength. Your tax-deductible donations are sincerely appreciated.

Donation Amount: \$ _____ In What Name: _____

For League Use Only

Registration: _____

Scripps Ranch Little League Hotline – 578-0248

SCRIPPS RANCH LITTLE LEAGUE
2003 FALL BALL
COACH / MANAGER SIGN-UP FORM

Name: _____ **Phone:** _____

Address: _____

Year's Coaching: _____ **League:** _____

Email Address _____ **Age Groups:** _____

Child's Name: _____

Child's Age as of 7/31/03: _____ **School:** _____

Fall Ball is an instructional league focusing on improving players' throwing, hitting, fielding, and base-running skills. Players will be in teams of approximately twelve players ages 8-9 or 10-11. These teams will experience brief, non-competitive games as well as instructional courses each Sunday from September through November. Please indicate if you are interested in managing, coaching, and/or participating as one of our instructors. As with all Little League activities, specialty instruction is dependent upon adequate number of volunteers. Please mark all boxes that apply and thank you for your support and participation.

- Manager
- Coach
- Instructor

If you marked the instructor box, please indicate which area you believe your instructional ability is best suited to your child's age.

- Pitchers
- Catchers
- Batting/Bunting
- Infield Play/Base Running
- Outfield Play

By signing below, I understand the philosophy of Fall Ball is instructional, focused on improving players' skills. I also understand that my commitment will be Sunday afternoons, September through November.

Signature

Date

Scripps Ranch Little League Manager/Coach Survey

Each year, Scripps Ranch Little League reviews the performance of its managers and coaches. Our goal is to provide the most positive and instructional baseball experience possible. The league uses your input in selecting managers and coaches for the next Spring baseball season. Please take a moment to complete this survey. You may return it with your Fall Ball registration. If you do not plan on playing Fall Ball, you are still encouraged to complete this survey and return it in the enclosed envelope.

Division:

- Majors Minors AAA Minors AA
 Minors A MAPS CAPS Tee Ball

Team Name: _____

Manager's Name: _____

Coach's Name: _____

Please rate the Manager and Coach separately, according to the following scale:
1=Poor **2=**Below expectations **3=**Average **4=**Above expectations **5=**Excellent

| <u>Question</u> | <u>Manager</u> | <u>Coach</u> |
|--|----------------|--------------|
| a) Has a fundamental understanding of baseball skills. | 1 2 3 4 5 | 1 2 3 4 5 |
| b) Able to teach these fundamental skills to my child. | 1 2 3 4 5 | 1 2 3 4 5 |
| c) Has a fundamental understanding of baseball strategy. | 1 2 3 4 5 | 1 2 3 4 5 |
| d) Demonstrated good character when with the children. | 1 2 3 4 5 | 1 2 3 4 5 |
| e) Demonstrated a philosophy of fair play at all times. | 1 2 3 4 5 | 1 2 3 4 5 |
| f) Showed respect toward the players. | 1 2 3 4 5 | 1 2 3 4 5 |
| g) Showed respect toward the other coaches. | 1 2 3 4 5 | 1 2 3 4 5 |
| h) Showed respect toward the umpires. | 1 2 3 4 5 | 1 2 3 4 5 |
| i) Showed respect toward SRLL's philosophy of improving all players' baseball skills in a supportive atmosphere. | 1 2 3 4 5 | 1 2 3 4 5 |
| j) Because of this person, my child enjoyed his/her Little League experience this year. | 1 2 3 4 5 | 1 2 3 4 5 |
| k) I expect my child will be returning to SRLL next year. | Yes | No |

Comments: _____

Thank you for taking the time to complete and return this form !!!

Teri Denhart, President

Dan Luka, Player Agent