



# 2017 Fall Baseball League



**DATES: August 6-September 10, 2017**

The number of teams will dictate the schedule format. Teams must be prepared to play back-to-back games or have a game break. No games will be played Sunday, September 3<sup>rd</sup> for the Labor Day Holiday. Season may be extended due to rainouts.

**9U-14U Entry Fee \$660; Registration Deadline: Friday, July 21<sup>st</sup>**

**FOR REGISTRATION & LEAGUE INFORMATION: [WWW.CRPDSPORTS.ORG](http://WWW.CRPDSPORTS.ORG)**

**Games will be played on Sundays at 9am, 11am, 1pm and 3pm (times subject to change based on # of teams)**

## **B.A.T.S and CPRD Baseball Give Back**

**\$50 from each entry will be donated to The James Cancer Center to help fight Multiple Myeloma**

**Divisions for 2017 – All teams will play up 1 age group from their 2017 Summer League age**

**(Example: 10U 2017 summer league will play 11U 2017 CRPD Fall League)**

**This also applies to players (a 10U 2017 summer player will play 11U Fall League)**

**Players must follow COYBL age cutoff of April 30 of current year**

(9U division will play modified COYBL rules – see website for details)

Umpires and baseballs will be provided.

- 31 Fields (16 fenced, 15 lighted, 11 turf fields)
- 1<sup>st</sup> & 2<sup>nd</sup> place team awards, plus individuals
- Tournament T-Shirt sales
- 3 full concessions with permanent restrooms
- Plenty of practice space and shaded areas
- Outstanding field maintenance crew on-site
- 3 playground areas





**2017 FALL BASEBALL LEAGUE**  
**Lou Berliner Park – 325 Greenlawn Ave., Columbus, Ohio 43223**



This tournament is hosted by Columbus Recreation and Parks & B.A.T.S.; and benefiting the Mid-Ohio Foodbank.  
[www.crpdsports.org](http://www.crpdsports.org) – 614-645-3366

DATES: August 6-September 10, 2017  
 SANCTIONING BODY: CRPD  
 CLASS: Open

AGE DIVISIONS: 9U-14U\*  
 GAME FORMAT: 10 games/Sunday DHs  
 ENTRY FEE: 9U-14U - \$660

MAX # OF TEAMS: 12 per age\*\*  
 REGISTRATION DEADLINE: Friday, July 21<sup>st</sup>

**\*ALL TEAMS MUST PLAY UP 1 AGE GROUP FROM THEIR 2017 SUMMER LEAGUE AGE**  
**\*\*CRPD RESERVES THE RIGHT TO LIMIT AGE GROUPS OR TEAMS\*\***

Make Check or Money Order Payable to:

**BATS**

Mail Entry Form and Fee to:

**Columbus Recreation and Parks**  
**Attn: Baseball Sports Office**  
**1111 E. Broad Street Suite 103**  
**Columbus, Ohio 43205-1365**

**ALL TEAMS MUST PROVIDE PROOF OF TEAM INSURANCE, AND A SECONDARY FORM NAMING "CITY OF COLUMBUS, 1111 E. BROAD ST., COLUMBUS, OH 43205" AS AN ADDITIONALLY INSURED PARTY (TWO SEPARATE FORMS). INSURANCE CAN BE ANY CARRIER, AND MUST BE SUBMITTED AT THE TIME OF REGISTRATION. TEAMS MUST HAVE A ROSTER SUBMITTED BEFORE THEIR FIRST GAME.**

Team Name:							
Age Division:		9U	10U	11U	12U	13U	14U
Manager's Name:			Manager's Email:				
Address:			Phone Numbers Cell:		Other:		
City		State	Zip	Work:		Fax:	
Secondary Contact:			Secondary Contact Email Address:				
Secondary Email Address:			Secondary Phone Numbers: Day:		Other:		

As the Manager/Coach of the above listed team, I have carefully read and considered the information included with this application and completed and submitted my online roster. I agree to follow all rules, and I understand that I will be held accountable for this team. I also understand that the validity of this roster and application, and the validity of the players listed, are my responsibility as Manager/Coach.

Manager Signature	Date:
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**APPLICATION WILL NOT BE CONSIDERED WITHOUT MANAGER SIGNATURE, FULL PAYMENT, SIGNED "COACHES CODE OF ETHICS" AND TEAM INSURANCE FORM. PLEASE SUBMIT TEAM ROSTER TO CRPD SPORTS OFFICE BEFORE YOUR 1<sup>ST</sup> GAME**

## COACHES' CODE OF ETHICS

The following Code of Ethics has been developed in compliance with standards as set forth by the Columbus Recreation and Parks Department and the National Youth Sports Coaches Association (NYSCA).

Our coaches are the “face” of the program to our parents, umpires, our schools and our community at large. Thus, each coach is expected to maintain a high level of integrity and professionalism both on and off the field. A coach’s primary responsibility is to develop good citizens and baseball players, and to instill a passion for the game in our players. Thus, our coach’s performance is not measured by wins and losses, rather in what he/she teaches the players in terms of technique, sportsmanship and fair play.

- I will place the emotional and physical well-being of my players ahead of personal desire to win.
- I will treat each player as an individual; remember the large range of emotional and physical development for these age groups.
- I will be responsible in my demands on the player’s time, energy and enthusiasm. I will remember that they have other interests. I will always remember that my players are children, not professional athletes.
- I will always exhibit proper and ethical behavior while interacting with players, coaches, umpires, leagues, officials and parents at all games. I understand that the use of foul or abusive language is strictly prohibited.
- I will promise to review and practice the basic first aid principles needed to treat injuries of my players.
- I will lead by example in demonstrating fair play and sportsmanship to all my players.
- I will treat each player, opposing coach, umpire, tournament official, and parent with respect and dignity.
- I will remember that I am a youth sports coach and that the game is for children and not adults.

With my signature below, I acknowledge that I have read, understand, and accept the terms of this code, and will do my best to fulfill the terms of this document. I understand that not upholding the terms of this code and agreement can result in removal from my coaching position.

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

## 2017 FALL BASEBALL LEAGUE CHECKLIST

Team Checklist – No application will be accepted without the following:

1. Complete registration form with all available points of contact
2. Full tournament payment
3. Signed Coaches’ Code of Ethics form
4. Valid team insurance form; only team certificate holder is required (should a team enter multiple tournaments during the season, only 1 form is necessary).
5. Valid secondary insurance form naming “City of Columbus, 1111 E. Broad St., Columbus, OH 43205” as additional insured.