



Putting the fun into FUNdamentals!

SOAR is... a community based recreational outreach through Cornerstone Church where people can build real relationships, healthy bodies and strong character. SOAR is built upon important values of excellence, encouragement, and family fun. Good sportsmanship takes the place of unhealthy competition as participants are given the chance to work hard, play harder and SOAR higher.

Partner: Grace Point Church

SOAR Baseball League is for...

any child, ages 4 - 10 who enjoys encouragement, positive role models, making friends, learning about the sport of baseball and having FUN!

GUIDELINES TO INSURE REGISTRATION



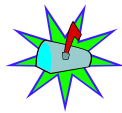
Registration form must be filled out **completely** to insure proper team assignments, uniform sizes, etc.



Register April 1-15. League Cost \$65. Late registrations: \$75. Checks must be made payable to "SOAR".

*League fee includes a shirt, cap, socks and award.

Registrations may be mailed (postmarked no later than Friday, April 15, 2011) or dropped by the Cornerstone Church Office. Mail the registration to:



SOAR
5637 Bush River Road
Columbia, SC 29212



Registrations will be processed with a copy of the child's birth certificate. Players must be the age of 4 by May 1, '11

****Registrations will be accepted on a first-come, first-served basis until teams are full or until registration has ended, whichever comes first.**

SOAR Youth Baseball Schedule of Events

April 1-15 Registration
***Registrations must be postmarked by Friday, April 16.*

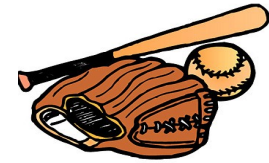
May 2 Practices Start

May 14 Opening Day/First Games

Game Dates

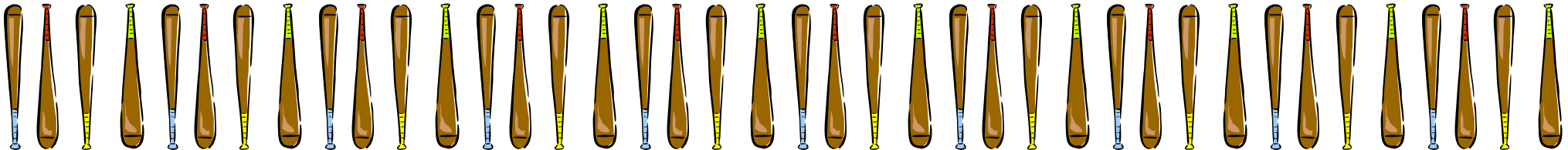
May 14	June 11
May 21	June 18
May 28	June 25
June 4	

Game Schedules will be released in May.



If you have any questions please contact:
772-0057 (office)
or e-mail us at: soar@cornerstonesc.org

Visit our website at:
www.soarleagues.com





2011 Registration Youth Baseball League



This document may be duplicated for your use
(One registration form per player)

Player Info

Player's Last Name First Name Goes By

Birth Date *Age Male/Female

Child's Birth Certificate is: Enclosed On file w/ SOAR

Address

City State Zip Code

Home Phone Emergency Phone Cell Phone

Skills Information

Number of seasons player has played any league ball: _____

Please circle the best description of player's T-Ball or Coaches' Pitch abilities:

Beginner Intermediate Advanced

League

Please circle the appropriate league for your player:

T-Ball (U6)

Coaches Pitch (U8)

Coaches Pitch (U10)

SOAR Age Group Chart

U10(8,9,10s)	Born May 1, 2001- April 30, 2003
U8 (6,7,8s)	Born May 1, 2003- April 30, 2005
U6 (4,5,6s)	Born May 1, 2005- April 30, 2007

Parent Info

Dad's Name

E-Mail Address

Mom's Name

E-Mail Address

Uniform Size

Please circle player's shirt size: S M L XL

Note: Parents will need to purchase either a pair of white baseball pants or baseball shorts and cleats.

V O L U N T E E R

Please **SELECT** the ways you would like to help with your child's baseball team

- 1. COACHING** (circle) Head Coach / Assistant Coach
- 2. TEAM MANAGER:** Helps coordinate snack schedule, communication, & organize season ending party.
- 3. SOAR VOLUNTEER:** Willing to be called upon for *occasional* help with office work and SOAR events.
- 4. SPONSORSHIP:** If you're interested in sponsorship or advertising opportunities, please call SOAR at 772-0057.
- 5. DONATION:** I am including a donation of \$_____ to SOAR.

Participant Parent Agreement

As parent/guardian of the named player,

I hereby give my permission for his/her participation in this SOAR league and that my child is in good health. This application is made with the expressed understanding that SOAR, Cornerstone Presbyterian Church, its employees, volunteers, and sponsors, are not responsible for any sickness, damages, or injury that the player may incur while participating in this program, or during transport to and from the program site. I give permission for photographs to be taken of my child or family during normal program activities to be used in SOAR promotional materials without thought of remuneration. I further understand that all fees must accompany application no insurance is provided by SOAR or Cornerstone Presbyterian Church, and proof of birth date is required.

As a SOAR participant, I agree to abide by SOAR policies and guidelines for good sportsmanship.

Drugs, alcohol and/or any tobacco products, also weapons of any sort (e.g., knives, guns) will **not** be permitted on the Recreation Outdoor Complex. If any person is found in possession or under the influence of any of the above, he/she will be sent home at the expense of the parents – either by the parent coming to pick up the participant or expenses for any other transportation. I have read the above:

Parent/Guardian Signature

Date

Medical Insurance Carrier

Additional Information

Use the following space to include information that may be helpful when processing this registration. We strive to accommodate families with multiple siblings, and specific practice night needs.

Please indicate name & league of registries' siblings also playing SOAR baseball this season.

Sibling(s)

Practice Night Preference *Please indicate preferred practice night, if any, and ANY other applicable information:

Practice Nights: Tuesday, Thursday, Friday
Practices are held at 5:30 and at 6:30.