



The Cedar Hills Booster Club would like to invite your son (ages 4-12) or daughter (ages 4-12) to register for the 2024 season. 2023 leagues and age groups are as follows:

League	Ages	Fees	League	Ages	Fees
**Co-Ed T-Ball	4,5,6	\$55.00	Baseball Coach Pitch	7,8,9	\$65.00
Girls Coach-pitch	7,8,9	\$65.00	Baseball Minors	10,11,12	\$75.00
Girls Minors	10,11,12	\$75.00			

Adjustments may be made to make up a full team. We will ask permission from parents before bumping a child up a level or down a level if we are short on teams. FULL refunds will be given IF we are unable to create more than 1 team.

Board members will be doing the team draft for the 2024 season. We sort by request and age.

* Ages in these divisions may change depending on enrollment numbers. ** T-Ball will play 6 games (games to be played on Saturday mornings with 1-2 Friday night games)

To participate in a league: League age is determined by your child's age on May 1. Signed liability waivers are required. Weeknight practice can start as early as the first week of April depending on fields, weeknight games start in May.

The non-refundable registration fee numbered tee shirt, equipment. Registration fee covers all participation fees. Trophies and Medals will only go to those teams who play in the championship game (IF PLAYED). Child can use own bat and helmet as long as it is approved by board member.

Further information is available at www.cedarhillsboosterclub.com. Email webmaster@cedarhillsboosterclub.com.

Some leagues fill up fast. We recommend registering online or by mail as early as possible.

TO REGISTER AND PAY (or postmarked) BY MARCH 25th 2024

ON-LINE at www.cedarhillsboosterclub.com, or BY MAIL to Cedar Hills Booster Club, PO BOX 9051, Cedar Rapids IA 52409-9051



Please return the following form with payment for mail or in person registration.

LEAGUE: _____ Co-Ed T-Ball _____ Coach-Pitch _____ Minors _____

Player First Name: _____ Last Name: _____

Player Birthdate: ____/____/____ Gender: Male () Female ()

Guardian 1 Name: _____ Guardian 2 Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alternative phone: _____

Email 1: _____ Email 2: _____

Place on same team as a sibling: YES NO (siblings must have the same physical address) Indicate sibling name: _____

Circle Shirt Size Youth Sizes: YS – 6-8 YM – 8-10 YL -10-12 Adult: S M L XL XXL

Be sure to choose the right size, as we will NOT be able to reprint any shirts. We suggest sizing UP in shirts.

Please list any medical conditions which may affect your child's participation: _____

Volunteers are needed to run this league: Please indicate any interest you have (feel free to circle more than one):

COACH

UMPIRE

BOARD

MEMBER

CONCESSIONS