



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



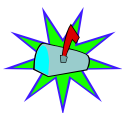
Registration form must be filled out **completely** to insure proper team assignments, uniform sizes, etc.



Register April 1-16. 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 16, 2010) 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, '10

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

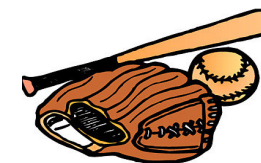
May 3 Practices Start

May 15 Opening Day/First Games

#### Game Dates

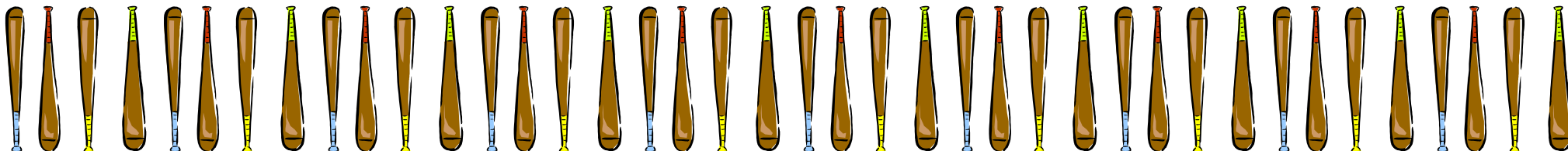
May 15	June 12
May 22	June 19
May 29	June 26
June 5	

Game Schedules will be released in May.



If you have any questions, you can call 772-0057 or e-mail us at: [soar@cornerstonesc.org](mailto:soar@cornerstonesc.org)

Visit our website at: [www.soarleagues.com](http://www.soarleagues.com)





# 2010 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, 2000- April 30, 2002
U8 (6,7,8s)	Born May 1, 2002- April 30, 2004
U6 (4,5,6s)	Born May 1, 2004- April 30, 2006

## 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: Monday, Tuesday, Thursday, Friday  
Practices are held at 5:30 and at 6:30.