



# 2021 HEIGHTS YOUTH BASEBALL LEAGUE

A program for boys and girls ages 7-14 who reside in Cleveland Heights or live within the boundaries of the Cleveland Heights/University Heights School District and neighboring communities

## AGE\* DIVISIONS

3 & 4, 5 & 6, 7 & 8 JumpStart Sports  
9 & 10, 11 & 12, 13 & 14

\*child's age as of 4/30/21

## RECREATIONAL LEAGUE (for ages 9-10)

9 & 10 (Kid-Pitch): practices begin in early May and continue until mid-July. Games are weekdays from May to July.

## RECREATIONAL TRAVEL TEAMS

- Ages 11 & 12 Quad Cities League
- Ages 13 & 14 Lyndhurst Dads Club League

## PLAYER ASSESSMENT (ages 9-12 only)

In order to provide balance and even competition, player assessment sessions, for ages 9-12 only TBD.

## VOLUNTEER COACHES NEEDED

Head coaches and assistant coaches are needed. All will be trained and certified through the National Youth Sports Coaches Association. If interested, call Mike Discenzo, Programs Supervisor at 216-691-7383 or [mdiscenzo@clvhts.com](mailto:mdiscenzo@clvhts.com).

## REGISTRATION INFORMATION

- Registration begins Saturday, March 27 at the Cleveland Heights Community Center (Mayfield & Monticello).
  - In-person registration will be offered on 2 days – Saturday, March 27 and April 10 – from 9am to 1pm at the Cleveland Heights Community Center (1 Monticello Blvd.) or online at [chparks.com](http://chparks.com)
  - Registration continues until age levels fill. Deadline: Saturday, May 1.
- Call 216-691-7373 or stop at the Community Center during office hours to obtain a registration packet.

## FORMS NEEDED

- Registration Forms (2)
- Medical Consent Form
- N.Y.S.C.A. Parental Code of Ethics
- Concussion form

## ELIGIBILITY

Open to a Cleveland Heights resident or a player who resides within the boundaries of the Cleveland Heights/University Heights School District and neighboring communities.

## FEES

Kid-Pitch (ages 9-14):

- \$85 Cleveland Heights resident with Rec ID card
- \$115 all others eligible in school district

## SPONSORS NEEDED!

For more information, contact Cleveland Heights City Hall, 216-291-4444.



# CITY OF CLEVELAND HEIGHTS PARKS & RECREATION Heights Youth Baseball League

## REGISTRATION FORM #1 - 2021

Player's Name (PRINT): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age on 4/30/21 \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

### AGE DIVISIONS\* (Check only one)

#### \* IN HOUSE LEAGUE

Ages 9 & 10 (Kid Pitch)

#### \* TRAVEL TEAMS

Ages 11 & 12 (Will play recreational travel in Mayfield Quad Cities league)

Ages 13 & 14 (Will play recreational travel in Lyndhurst Dads Club league)

### Fees (Payable to City of Cleveland Heights)

Kid Pitch: \$85.00 Residents w/ Rec ID

\$115.00 all others eligible

Travel: \$85.00 Residents w/ Rec ID

\$115.00 all others eligible

**Scholarships are available for Cleveland Heights residents.**

### PLAYER/COACH REQUESTS

\*REQUESTS ARE NOT GUARANTEED

Player \_\_\_\_\_

Coach \_\_\_\_\_



# CITY OF CLEVELAND HEIGHTS PARKS & RECREATION

## Heights Youth Baseball / Softball

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### 2021 REGISTRATION FORM #2

#### RELEASE OF LIABILITY

In consideration of the City of Cleveland Heights ("City") providing sponsorship and/or providing facilities for this program and/or the Cleveland Heights-University Heights Board of Education ("Board") providing facilities, I hereby release and hold harmless and agree to indemnify the City and/or the Board and their employees, agents, and representatives from any and all claims, costs, damages and liabilities for injuries or property damage sustained or caused by me or my child or ward while participating in any program offered by the City. I understand that fees do not include accident or personal property insurance. I further represent that I am, or my child or ward is, physically capable of participating in the program based upon consultation with my, or my child's or ward's, present physician.

#### MEDICAL CONSENT

Further, in the event of any injury, I hereby give my permission and consent and authorize emergency first aid and/or medical and/or hospital care or treatment for my child/ward if deemed necessary by qualified medical or emergency personnel or by said employees, officers, agents or representatives of the City and its Parks and Recreation Department, and further agree to assume all expenses for said treatment.

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*Signature of Parent/Legal Guardian*

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# CITY OF CLEVELAND HEIGHTS PARKS & RECREATION

## 2021 Heights Youth Baseball / Softball

### CONSENT FOR EMERGENCY MEDICAL TREATMENT

I, \_\_\_\_\_, as the parent or legal guardian of

\_\_\_\_\_, hereby give my permission for any  
Name of Child

and all emergency treatment deemed necessary by medical or city personnel for the above-referenced minor,

\_\_\_\_\_, as a result of any injuries occurring  
Name of Child

during participation in Heights Youth Baseball/Girls' Softball and I agree to be financially responsible any such treatment.

I also consent that the reports of any treatment so rendered be forwarded to the primary care physician, whose name and address are listed below.

This consent shall endure from April 1, 2021 until July 31, 2021  
Date Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian

**PLEASE FILL IN THIS BRIEF HISTORY ON YOUR SON OR DAUGHTER TO AID ANY PHYSICIAN WHO MIGHT TREAT HIM/HER.**

PARENT/LEGAL GUARDIAN'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER (H): \_\_\_\_\_ (W)/(Cell): \_\_\_\_\_  
(Area Code) (Area Code)

CHILD'S PHYSICIAN'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

AFFILIATED HOSPITAL (IF ANY): \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

CHRONIC ILLNESSES: \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_



# PARENTS' CODE OF ETHICS



- ◆ I hereby pledge to provide positive support, care, and encouragement for my child participating in youth sports by following this PAYS Parents' Code of Ethics Pledge.
- ◆ I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game, practice, or other youth sports event.
- ◆ I will place the emotional and physical well-being of my child ahead of a personal desire to win.
- ◆ I will insist that my child play in a safe and healthy environment.
- ◆ I will require that my child's coach be trained in the responsibilities of being a youth sports coach and that the coach upholds the Coaches' Code of Ethics.
- ◆ I will support coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all.
- ◆ I will demand a sports environment for my child that is free of drugs, tobacco, and alcohol, and will refrain from their use at all youth sports events.
- ◆ I will remember that the game is for youth-not for adults.
- ◆ I will do my very best to make youth sports fun for my child.
- ◆ I promise to help my child enjoy the youth sports experience by doing whatever I can, such as being a respectable fan, assisting with coaching, or providing transportation.
- ◆ I will ask my child to treat other players, coaches, fans, and officials with respect regardless of race, sex, creed, or ability.
- ◆ I will read the National Standards for Youth Sports and do what I can to help all youth sports organizations implement and enforce them.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

© National Alliance for Youth Sports  
 2050 Vista Parkway  
 West Palm Beach, FL 33406  
 800-729-2057 / FAX 561-684-2546 [pays@nays.org](mailto:pays@nays.org)



# CITY OF CLEVELAND HEIGHTS PARKS & RECREATION 2021 Heights Youth Baseball League

## COACHES' QUESTIONNAIRE

We greatly appreciate your interest in coaching in our Heights Youth Baseball League and we ask that you respond to the following questions, so that we may best accommodate your schedule and needs. **Please return it to us ASAP.**

NAME (Print) \_\_\_\_\_

ADDRESS \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

PHONE (HOME) \_\_\_\_\_ (CELL) \_\_\_\_\_ EMAIL \_\_\_\_\_  
(Area Code) (Area Code)

- League Preferred:
- Ages 9 & 10 (Kid-Pitch)
  - Ages 11 & 12 Travel Team (Quad City Majors League)
  - Ages 13 & 14 Travel Team (Lyndhurst Dads Club Pony League)

Practice Night(s) Preferred (In order of preference) \_\_\_\_\_

Names, addresses, and phone numbers of other prospective coaches: \_\_\_\_\_

Names, addresses, and phone numbers of interested players: \_\_\_\_\_

Comments and Suggestions: \_\_\_\_\_

Thanks again for volunteering to coach in our Heights Youth Baseball Leagues. We will be in contact with you as the league events approach, but please do not hesitate to call if you have any questions or suggestions. Mike Discenzo, Programs Supervisor, 216-691-7383 or [mdiscenzo@clvhts.com](mailto:mdiscenzo@clvhts.com)

**Mail to: City of Cleveland Heights Parks and Recreation, Attn: Mike Discenzo  
40 Severance Circle  
Cleveland Heights, OH 44118**



**CITY OF CLEVELAND HEIGHTS  
PARKS & RECREATION**

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**The CH Sports / Weather Hotline  
is now available  
via text message!**

**Text 'heights' to 84483 to sign up**

**If you prefer email messages, go to  
[rainedout.com](http://rainedout.com) and search 'Cleveland  
Heights' to sign up.**

**Please share the news via email and  
social media.**

**SPORTS / WEATHER HOTLINE  
216-691-7385**