



SOUTH KINGSTOWN LITTLE LEAGUE



Presents:

Training & Development (T.A.D.) Summer Baseball and Softball Program

T.A.D. (Training and Development) is a 3 week long summer baseball and softball program at Tuckertown Park that focuses on baseball and softball fundamentals and sportsmanship. The program will consist of practices, games, and special clinics on specific elements including hitting, pitching and fielding. Changes from previous years include fewer scrimmage games and increased instruction on fundamentals. This year the clinics will be run by Steve Breitbach, Assistant Baseball Coach at URI, and will be assisted by athletes from local area high schools. In Breitbach's time at URI, he has coached three All-Americans, six All-Region selections, 17 All-New England picks, two Atlantic 10 Players of the Year, 21 All-Conference honorees and 13 players who have either been drafted or inked professional contracts.

Who is the T.A.D. for? T.A.D. is for baseball and softball players of all abilities from ages 5 to 11. **Child must be between these ages by April 30, 2011 in order to be eligible for the TAD program. Child must be a resident of South Kingstown.**

Will my 5 year old play baseball against an 11 year old? NO! The program splits the children into age/ability levels. The T.A.D. program will have children learning and playing in an appropriate setting. We want the children to enjoy the games of baseball and softball!

When will T.A.D. run, and when are practices and games? T.A.D will begin Monday, August 8 and run on Monday & Thursday evenings from 5:00-7:00 for three weeks.

How much does the T.A.D. program cost? T.A.D. will cost **\$40.00 per individual player**, with a \$10 discount for each additional family member.

INSTRUCTIONS TO PARENTS

1. Please fill out registration form completely.
2. Make Checks Payable to "SKLL" and mail check with completed registration form to:
SKLL
PO Box 388
Wakefield, RI 02880
3. Registration deadline is July 31st. Teams will be assembled immediately thereafter.
4. **Have FUN!**

If you have any questions, please email info@skll.org or call the SKLL office at 782-3410.

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REGISTRATION FORM

Child's Name: _____ DOB: _____

Street: _____ Town: _____

School: _____ Phone: _____ Email: _____

List Parents at same address: _____

Played at the following level: ___Majors ___Minors ___Instructional ___T-Ball

Team played for: _____

I/we (Names): _____ / _____ can help with:

() Team Manager () Team Coach () Umpires () Miscellaneous

Parent or Guardian Signature

Date

MEDICAL RELEASE

Name of close blood relative who may be able to help:

Name: _____ Relationship: _____ Phone: _____

Known Allergies/ Medical Problems: _____

_____ Date of last Tetanus Booster: _____

Health Insurance Name: _____ I.D.# _____

Name of Insured: _____

Parent or Guardian's Authorization: I understand that it is the practice of South Kingstown Little League to take injured or ill players to South County Hospital. In the event of an accident or illness to my child, I understand that, if possible, I will be notified by telephone of any emergency treatment required. In the event that I cannot be reached, I give permission for my child to be treated at South County Hospital, 100 Kenyon Ave., Wakefield, RI. This permission is valid from July 1, 2011 thru October 31, 2011

Date: _____ Phone 1: _____ Phone 2: _____

Print Name: _____

Signature: _____