



*Jacob Thompson  
Junior third baseman  
Monticello, Iowa*

**13th Annual  
Mustang  
Fall Baseball League**



1330 Elmhurst Drive NE  
Cedar Rapids, IA 52402-4797

Go to the website for more detailed information!  
[www.mountmercybaseball.com](http://www.mountmercybaseball.com)



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Get more information online! Access more detailed information, rules, schedules, rosters, drill explanations, directions, players of the week, and much, much more!

MESSAGE FROM THE MUSTANGS

This year marks the 13th consecutive year for the Mount Mercy Fall Baseball League (FBL) and we are excited to continue the tradition.

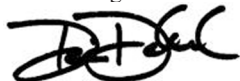
Our mission for the FBL is more than simply playing games; we strive to develop skills and practices that will enable participants to make improvements in their game. The Mount Mercy FBL is a great time to identify and work on areas of improvement for the coming winter and spring training seasons.

With the feedback from past participants we have enhanced and expanded our offerings for 2011 (below). We're excited to now offer USSSA points and are including more age levels. We've also slightly adjusted our situational play to get a better take-home value.

- Fall Baseball League 8-U Division (earn 100 USSSA points for 2012; relaxed rosters)
Fall Baseball League 10-U Division (earn 100 USSSA points for 2012; relaxed rosters)
Fall Baseball League 12-U Division (earn 100 USSSA points for 2012; relaxed rosters)
Fall Baseball League 14-U Division (earn 100 USSSA points for 2012; relaxed rosters)
Fall Baseball League Double A Division (recommended for 9th & 10th grades)
Fall Baseball League Triple A Division (wood bat) (recommended for 11th & 12th grades)
Labor Day Fundamental Camp (recommended for 2nd-6th grades)
Benchmark Program (Saturday, Oct. 8) [limited to serious high school players (9th-12th)]

We are looking forward to building upon past success and providing more baseball experience in the area.

Go Mustangs!



Desi Druschel, Mount Mercy Head Baseball Coach

FALL BASEBALL LEAGUE DATES

Sundays only
Sept. 11, Sept. 18, Sept. 25
Oct. 2, Oct. 9
Rain dates Oct. 16, Oct. 23

2011 MUSTANG FALL BASEBALL LEAGUE REGISTRATION
(Please complete both sections below or visit www.mountmercybaseball.com.)

- Individual - \$110/person (all levels)
To sign up as an individual fill out and submit the registration below or sign up online with a credit card at www.mountmercybaseball.com. All individual sign ups will be placed on a team.
Team - \$700/8-U, \$800/10-U, \$900/12-U, \$1,000/14-U, \$1,000/Double A, \$1,000/Triple A
To sign up as a part of a team (11-14 players) fill out the registration information and submit it in one envelope with all other team members' registration materials and fee.
Labor Day Fundamental Camp - \$40 (\$20 for FBL participants)
Benchmark Program - \$25 (\$10 for FBL participants)
Registration deadline is Aug. 26. All registrations received after deadline are \$165 per person.

Name
Address
City/Zip
Phone
E-mail\*
School
Age Grade
Position(s)
T-shirt size (please circle one):
Youth: M L Adult: S M L XL XXL

\*E-mail and www.mountmercybaseball.com will be our primary means of communicating league information.

Please make your selection:

8-U 10-U 12-U
14-U Double A Triple A
Labor Day Fundamental Camp
Benchmark Program

Total \$
Make checks payable to:
Mount Mercy Baseball
Hennessey Recreation Center
1330 Elmhurst Drive NE
Cedar Rapids, IA 52402

Mount Mercy Summer Camp
Medical Information, Parental Consent and Waiver Form

All areas of this form must be completed and signed prior to camp participation.

Camper's Name
Birth Date

Allergies and Medications
Allergic reactions (drugs, food, asthma)
If yes, list:
Taking any medication at this time?
If yes, list:

In Case of Emergency
Father Tel (H) (W) (C)
Mother Tel (H) (W) (C)
Other Emergency Contact:
Name
Tel (H) (W) (C)
Guardian's Name
Relationship

Your Medical Insurance
Company
Policy #
Name of Policy Holder

I certify that I am the parent or legal guardian of the Camper. I hereby give permission for the staff of the camp, to seek, during the period of the camp, appropriate medical attention for the Camper; and for medical attention to be given: and for the Camper to receive medical attention in the event of accident, injury, or illness.

I understand and agree that neither Mount Mercy University nor the camp carry insurance for injuries sustained by participants of its programs. I have reviewed the medical insurance coverage for my child/ward and have determined that it is adequate.

I agree to assume the full risk of any injuries, including death, damages, or loss regardless of severity, which I or my child/ward may sustain as a result of participating in any and all activities connected with or associated with such camp.

I waive, release, agree to not sue for, and relinquish all claims against Mount Mercy University, its officers, directors, agents, insurers, employees and camp staff that I or my child/ward may have as a result of participating in the camp.

I further agree to indemnify, hold harmless and defend Mount Mercy University, its officers, directors, agents, insurers, employees and camp staff from any and all claims from injuries, including death, damages, and losses sustained by me or my child/ward or arising out of, connected with, or in any way associated with the activities of the camp.

I agree that any photography taken of me or my child/ward while participating in the Mount Mercy University summer camps may be used for promotional purposes for Mount Mercy University or the camp.

Signed Date
Printed Name
Relationship to Camper

