



For Players 18 and Older
with Collegiate or Professional Experience

*In Order To
Be The
Best, You
Have To
Beat The
Best!*

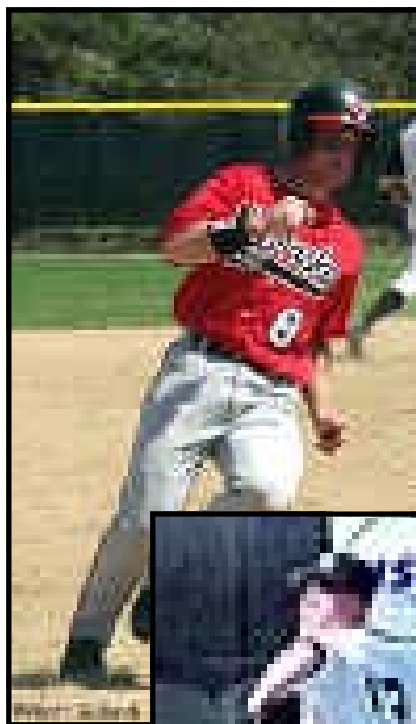
FREE
memberships for
all Upper Deck
participants at
the Strike Zone
Baseball
Academy

The Upper Deck League is designed to give college and former professional players the opportunity to compete against the finest baseball representation in the Midwest. Through a higher level of play, and the adjustment to the wood bat, the Upper Deck teams will prepare players for the next level.

UPPER DECK TEAM FORMAT

- 10 week season consisting of 20-30 Games, 2-4 Games Per Week
- 7-9 Inning contests with the designated hitter rule in effect
- Hitting and Pitching statistics will be kept for college coaches and scouts.
- *Exposure camp will be offered to players looking to be evaluated for a Collegiate or Professional career. June 29th at Rosenblatt Stadium.
- Will play in Regional in Clarinda, Iowa
- Possible Trip to NBC Tournament in Wichita, Kansas

June 1st through 1st week of August



**Ask How You Can BE
A
PROUD SPONSOR
Of the
UPPER DECK LEAGUE!**



Upper Deck Team



Payment and Player Release Form

This form must be filled out entirely by all players participating on an Upper Deck Team.
This form must be submitted with payment.

The Strike Zone would like to thank you for your participation on this year's Upper Deck Team. The goal of the team is to present players with an opportunity to play during the off season while facing quality competitors. Below is a list of dates that you will need to remember:

April 15, 2009 - \$50 Non refundable deposit is due. This will lock your spot on a roster.

May 10, 2009 - Remainder of payment is due. Payment is set by team.

May 29, 2009 - UDL Meeting at The Strike Zone from 6-8PM.


Team Rules will be covered during the meeting May 29th. Teams will break up and coaches will also cover additional team rules as well as attendance policy. Jerseys, hats, and schedules will be distributed at this time. The Strike Zone will supply a limited number of team bats, players are encouraged to purchase their own.
Players must provide grey pants, black belt, and black socks.

Please fill out entirely and submit this form by April 15, 2009.

Name: _____ Shirt Size: _____ Cell Phone: _____
 Age: _____ DOB: _____ Positions: _____ Home Phone: _____
 Player(s) You Would Like To Be Placed With: _____
 Address: _____ E-Mail: _____
 City: _____
 State: _____ Zip: _____

Here is my \$50 deposit at this time.
 I wish to pay the entire amount at this time.

PAYMENT METHOD	
Cash	Check Visa MC Disc AMEX
Card No	_____
Exp Date	_____ 3 digit V-Code _____
Signature	_____
MAKE CHECKS PAYABLE TO: THE STRIKE ZONE	



REFUND POLICY: Partial refunds will be offered in the event of an injury sustained while participating in The Strike Zone Upper Deck League through 6/15/09. Refunds will only be issued if player has returned his uniform to The Strike Zone by the date listed above. No refunds will be available after the date listed above. Refunds will not be offered for any other reason for withdrawal from the league. The Strike Zone reserves the right to cancel any contest and to suspend or expel any player from the league without refund due to a violation of rules, misconduct, or portraying The Strike Zone/The Upper Deck Team in a negative manner.

PLAYER RELEASE STATEMENT: I hereby give my permission to Strike Zone Upper Deck Baseball Team to provide medical attention to myself/my son in the event of injury or illness. I hereby release The Strike Zone Upper Deck Baseball and all its employees from all claims (present or future) resulting from any injuries which may be sustained by myself while participating in Strike Zone Upper Deck Baseball.

PAYMENTS WILL NOT BE PROCESSED UNTIL PLAYER HAS BEEN PLACED ON A TEAM

I acknowledge that I have read this document in its entirety and agree to all terms listed above.

Player Signature Required: _____

Guardian Signature Required

If Player Is Under 19 Years Of Age: _____

FOR STRIKE ZONE OFFICE USE ONLY:

- Deposit Received (Date) _____ Intls. _____
- Full Payment Received (Date) _____ Intls. _____

Fill out and return to: The Strike Zone, 2900 S 110th Street, Omaha, NE 68144

or

Fax Completed Form to (402) 399-2019