



## Saddle Brook Girls Softball 2018 Registration

Saddle Brook Residents only (does not need to attend SB schools)

**\*\*PROGRAM NOT SPONSORED BY SB BOARD OF EDUCATION\*\***

**Wed Jan 10: 7:00p- 9:00p Veterans Field trailer (20 Sampson St.)**

**Wed Jan 24: 7:00p- 9:00p Veterans Field trailer**

**Tue Feb 6: 7:00p- 9:00p Veterans Field trailer**

**OR mail registration form, code of conduct form & payment to: PO Box 558, Saddle Brook NJ 07663**

### **K- 8<sup>th</sup> Grade**

Our recreation teams in each level will be playing other recreation teams from various local towns that are compatible with our recreation skill level.

Registrations received after Feb 28 are subject to additional \$25 late fee.

For Grades 3-8, Practice begins March 1 (weather permitting) and April 1 for Grades K-2

If you have any questions please email: [saddlebrooksoftball@gmail.com](mailto:saddlebrooksoftball@gmail.com)

**One Daughter - \$45.00**

**Two Daughters - \$85.00**

Child's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ Parent's Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Age: \_\_\_\_\_ SB School: FES HIS LMS SBMS

Main Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Any Medical information you feel we should know about? \_\_\_\_\_

**T – Shirt Size: Youth: S M L Adult: S M L XL Pant Size: Youth: XS S M L XL Adult: S M L XL**

**ONCE ORDERED WE CANNOT EXCHANGE SIZES.**

**Coaches are needed at all levels!** As per town ordinance- all coaches must be fingerprinted and Rutgers certified before season begins. I am interested in coaching as (circle one) HEAD ASST

Name & Contact Info:

**MY DAUGHTER IS INTERESTED IN PLAYING TRAVEL (grades 3-8 only): YES NO MAYBE**

**Our Travel Division is separate and slightly more competitive, with games played through June & July with light travel against Town teams from Bergen County. Most games are on weeknights with additional practice times.**

**Travel Information meeting will be held in May. There is a separate cost for Travel.**

NO CHILD WILL BE ALLOWED TO PARTICIPATE IN THE SADDLE BROOK GIRLS SOFTBALL PROGRAM WITHOUT A PARENT/GUARDIAN'S SIGNATURE:

I, The undersigned guardian/parent and my spouse, of the Township of Saddle Brook, in the County of Bergen and the State of NJ, in consideration of the benefits to our child indicated on this form and to the other children to be gained through their participation in the Saddle Brook Recreation Programs, no matter how designated or described, we do hereby release the Township of Saddle Brook and its agent, servants and /or employees and volunteers from any and all claims or liabilities or actions whatsoever for medical bills, medical expenses, injuries or damages or losses that may be sustained by ourselves and/or our child from any participation in any recreational program in the event the medical bills and/or losses or damages exceed the Township of Saddle Brook's supplemental insurance policy. We fully understand that the Township's insurance policies are supplemental insurance policies only and that primary insurance for any injuries, claims, damages or losses are to be compensated to us through our own primary insurance policies. In the event we do not have primary insurance then the Township's supplemental insurance policy will not come into effect and we will not be entitled to present any claim or action against the Township of Saddle Brook.

Signature

Date