

Player Name_

P.O. Box 8013 Saddle Brook, NJ 07663 www.saddlebrookll.org



2018 Registration Dates @ Victor Field Clubhouse

Friday January 5th 7 to 9 PM & Saturday January 6th 10 AM to 12 Noon Friday January 12th 7 to 9 PM & Saturday January 13th 10 AM to 12 Noon Friday January 19th 7 to 9 PM & Saturday January 20th 10 AM to 12 Noon OR

Online Registration is available by visiting WWW.SBLL.SIPLAY.COM

Children registering for the first time must register in person and provide a copy of their birth certificate and proof of residency. Any questions, please contact SBLL Player Agent Joseph Nigito at (201)394-6475 or via e-mail: SaddleBrookLL@yahoo.com Parents are required to sell 3 Charity Mania tickets per child. Registration fee: \$ 100.00 per child (third child or more no fee). Registration fee includes uniform (shirt, socks and hat). Payments can be made by cash,check,debit or credit card.Checks should be made payable to: Saddle Brook Little League. Registration and payment must be completed before February 28th, 2018 or a \$10.00 late fee will be added. Tryouts are required for players ages 8 and above only.

Tryouts Date And Time will be TBD.

You will be notified via e-mail in advance with your child's try out time(Player Pitch, Minors & Majors). Practices are expected to start in March (weather permitting) and games will begin in April.

Age:	_ Date Of Birth:	Grade:School:_		
Parent Nam	ne:			
Address				
Home Phon	e	Cell Phone(1)	Cell Phone(2)	
Email				
Managers/Coa			oach. Forms are available on the Saddle Brook Little League website or at completed before the season begins.	
our child indica we do hereby ro medical expens the medical bill insurance polic	ated on this form and to the elease Saddle Brook Little Le es, injuries or damages or lo ls and/or losses or damages ies are supplemental insural	other children to be gained through their pague and its agent, servants and /or voluntosses that may be sustained by ourselves and exceed Saddle Brook Little League's supplement policies only and that primary insurance	s, in the County of Bergen and the State of NJ, in consideration of the bend participation in Saddle Brook Little League, no matter how designated or deers from any and all claims or liabilities or actions whatsoever for medical dor our child from participation in any practice/game/tryout/activity in the mental insurance policy. We fully understand that Saddle Brook Little League for any injuries, claims, damages or losses are to be compensated to us the media for publication; parent, parents or legal guardian give full consent of	described, al bills, he event gues hrough
Parent/Guar	dian Signature:			
Date:		_		