

Saddle Brook Girls Softball 2017 Registration

Saddle Brook Residents only!

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

Wed Jan 11 – 7:00- 9:00 Veterans Field trailer (Sampson St.)

Wed Jan 25 – 7:00- 9:00 Veterans Field trailer

Tue Feb 7 – 7:00- 9:00 Veterans Field trailer

OR mail registration form and payment to: PO Box 558, Saddle Brook NJ 07663

K- 8th grade– Our recreation teams in each level 2, 3/4 , 5/6 , 7/8 will be playing other recreation teams from various local towns that are compatible with our Rec skill level!!!

REGISTRATIONS WILL NOT BE ACCEPTED AFTER February 15th---No exceptions will be made!

Season begins March 1st- weather permitting.

If you have any questions please email: saddlebrooksoftball@gmail.com

One Daughter - \$45.00

Two Daughters - \$85.00

Child's Name: _____ Birth date: _____ Grade: _____

Address: _____ Parent's Email: _____

Phone: _____ Age: _____ School: _____

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.

A parent/ guardian may request that their child NOT play for a particular coach, but it is only one Coach, and MUST BE IN WRITING TO THE COMMISSIONER. ONCE TEAMS HAVE BEEN SELECTED- THERE WILL BE NO TRADES!!—NO EXCEPTIONS WILL BE MADE!

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 YES Name & Contact Info: _____

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

Travel information will available following completion of registration.

You must register your daughter to play travel. IF YOU DO NOT CIRCLE YES, YOU WILL NOT BE CONTACTED.. Girls must be registered for rec in order to tryout 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