

Plaver Name:

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



2017 Registration Dates Victor Field Clubhouse

Friday January 6th 7 to 9 PM & Saturday January 7th from 10 AM to 2:00pm Friday January 13th 7 to 9 PM & Saturday January 14th from 10 AM to 2:00pm Friday January 20th 7 to 9 PM & Saturday January 21th from 10 am to 2:00pm Friday January 27th 7 to 9 PM & Saturday January 28th from 10 am to 2:00pm

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Online Registration is available by visiting **www.sbll.siplay.com**

Registration is open to children who reside in SB and were born between May 1, 2002 and September 1, 2012. Children registering for the first time must register in person and provide a copy of their birth certificate and proof of residency. If you have any questions, please contact SBLL Player Agent Joseph Nigito at (201) 394-6475, or via e-mail, josephnigito@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). Payment may be made by Visa, MasterCard, check, or cash. Checks should be made payable to: Saddle Brook Little League. Registration and payment must be completed before January 31, 2017 to avoid an additional late fee of \$10.00.

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.

Practices are expected to start in March (weather permitting) and games will begin in April.

| | _ Date of Birth: | _ School: | |
|-----------|------------------|---------------|--|
| Parent/0 | Guardian | | |
| Name(s) |): | | |
| Address |) : | | |
| | hone # | | |
| | | | |
| Parent e- | mail (1): | | |
| | l Comments: | | |
| | | | |

SHIRT SIZE: YS YM YL AS AM AL AXL

Managers/Coaches are needed. You must register with SBLL in order to Manage or Coach. Forms are available on the Saddle Brook Little League website or at registration. All coaches must be Rutgers certified and have a SBLL background check completed <u>before</u> the season begins.

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 Saddle Brook Little League, no matter how designated or described, we do hereby release Saddle Brook Little League and its agent, servants and /or 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 participation in any practice/game/tryout/activity in the event the medical bills and/or losses or damages exceed Saddle Brook Little League's supplemental 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. Any photo or video taken will be used on social media for publication; parent, parents or legal guardian give full consent of use.

| Parent/Guardian Signature: | |
|----------------------------|------|
| Date: | |