

HAMPTON TOWNSHIP GIRLS RECREATIONAL SOFTBALL LEAGUE
Playing as, Kittatinny Softball

SPRING 2018 TRAVEL League REGISTRATION (Deadline: 3/1/18)

PLEASE PRINT:

PLAYER NAME: _____ Birth Date _____

Address: _____ City, State, Zip _____

Mother's Name: _____ (Cell#): _____ (Email) _____

Father's Name: _____ (Cell#): _____ (Email): _____

Player's School District: _____ Grade Level as of March 2018: _____

I/we the parents of the above named player, hereby give permission for my child to participate in all Hampton Township Recreation Softball (playing as Kittatinny Rec Softball) activities. I/we give permission for Hampton Recreation Softball (playing as Kittatinny Rec Softball) to use my child's (children's) photograph on softball related websites and social media, as well as in newspapers and on news websites. I/we know that participation in softball may result in serious injuries and protective equipment does not prevent all injuries to players and do hereby waive, release, absolve, indemnify and agree to hold harmless the Hampton Township Recreational Softball organization (playing as Kittatinny Rec Softball), the organizers, sponsors, supervisors, participants, coaches and persons including those transporting my/our child to and from activities for any claim arising out of any injury to my/our child whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance.

I/we understand that accident insurance provided by the Hampton Township Softball League is secondary to our/my **primary** insurance policy which is: _____. (Carrier Name/Policy #)

I/we will furnish a certified birth certificate of the above named child to Hampton Township Recreation Softball officials *if requested*.

I/we agree to pick up our child (children) ON TIME from ALL designated games and practices.

Please indicate any physical limitations: (allergies, hearing, sight, diabetes, etc.) _____

Any Additional Information that you feel is important for your child's (children's) coach to be aware of: _____

Parent/Guardian Printed Name: _____ Parent/Guardian Signature: _____

Date: _____

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I will volunteer to: () Coach () Assistant Coach () Assist with End of Year Party () Team Parent/Helper

() Paid Amount: \$ _____ Check# _____ Cash _____ Registration cost: \$150.00 per player

Registrations will be accepted until 3/1/18 only. Please mail this form along with your check or money order made out to: **Hampton Recreation Softball** to **PO Box 362, Augusta, New Jersey 07822** (Registration forms must be post marked no later - than 3/1/18) Questions? Please contact: **Anna Pascarella 973.202.4487 or HamptonSoftballRec@gmail.com**

***Uniform T-Shirt Size (circle one) *Child Size*: S, M, L or *Adult Size*: S, M, L, XL, 2XL**

*Parents are responsible for supplying black baseball pants, a softball mitt, and a helmet with a face mask.
Equipment & clothing can be purchased at Modells, WalMart & Dicks Sporting Goods.

Any girl playing on a High School Softball Team, travel team, or ASA teams is unfortunately NOT eligible to play in the township recreation league. Thank you.