

**HAMPTON TOWNSHIP GIRLS RECREATIONAL SOFTBALL LEAGUE**  
**Playing as, Kittatinny Rec Softball**

**SPRING 2018 REC League REGISTRATION** (Deadline: 2/23/18)

**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 Recreational 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 or the North West Skylands Softball League 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 ( ) Website Design

I would like to sponsor a team: ( ) Cost of sponsorship is \$300. Business name will be included on team website & plaque.

( ) Paid Amount: \$ \_\_\_\_\_ Check# \_\_\_\_\_ Cash \_\_\_\_\_ Registration cost: \$85.00 for 1 child / \$150.00 for family

**Registrations will be accepted until 2/23/18 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 2/23/18) 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.