



**NEW EGYPT GIRLS SOFTBALL
REGISTRATION FORM**

Spring 2010

PLAYER INFORMATION

Last Name: _____ First Name: _____

Address: _____

City/State/Zip: _____

Date of Birth: _____ Age as of **December 31, 2009**

Parent/Guardian Information:

Parent/Guardian Name: _____

Address (if different from the child): _____

City/State/Zip: _____

Home Phone: _____ Cell: _____

E-mail Address (very helpful to coaches): _____

Medical Insurance Carrier: _____ Policy Number: _____

Emergency Contact Information: _____ Relationship to child: _____

Phone: _____ Cell: _____

Please List any Medical Conditions/Allergies: _____

PLAYER INFORMATION:

Level Played Last Year: Major Minor Jr Minor T-Ball

Is your child interested in tournament play? Yes OR No

Uniform Size:

Shirt Size: Youth S-M-L Adult S-M-L

Short Size: Youth S-M-L Adult S-M-L

****WE CANNOT GUARANTEE THAT ANY SPECIAL REQUESTS WILL BE HONORED, ESPECIALLY AFTER TEAMS HAVE BEEN SELECTED****

CONSENT OF PARENT OR GUARDIAN

I, the parent/guardian of the above-mentioned player hereby give my approval to his/her participation in any and all league softball activities during the current season. I know that participation in softball may result in serious injuries and protective equipment does not prevent all injuries to players. I assume all risks and hazards incidental to such participation, including transportation to and from activities; and I do hereby waive, release, absolve, indemnify, and agree to hold harmless New Egypt Recreation softball and its board, Little League Int'l, Plumsted Township, New Hanover Township, the organizers, sponsors, supervisors, participants and persons transporting the above-mentioned player to or from activities, from any claim arising out of any injury to the named player whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance.

Signature of Parent/Guardian _____ **Date** _____

Are you interested in Coaching?: Yes OR No **If yes, please request a coaches application form**

Are you interested in Assisting?: Yes OR No

Registration fees*: \$90 for 1st child \$160 max per family T-ball is \$60

***There will be a \$20 late fee imposed for all registrations received after January 31st.**

*******REGISTER NOW - PAY LATER*******

(check can be post-dated any date through March 1, 2010, but MUST accompany registration form)

**\$60 Workbond Agreement 3 Hours per Family
postdate check to 06/15/10 - send in with registration form**

NE Softball Only:

Payment Information: Check #: _____ Amount: _____

Coach: _____

Workbond Check #: _____ Option Out (Must Initial to cash): _____

Workbond Fulfilled? Yes Date Fulfilled: _____ Workbond Check Returned on: _____

Football Mania Fundraising: Option Out \$80 (Must Initial to Cash): _____ Amount: _____

(Each Family required to sell 10 tickets) AMOUNT: _____

Please Make Checks Payable to New Egypt Girls Softball (NEGS)

Completed Forms and Payment Can be Mailed to: NEGS, P.O. Box 21 New Egypt, NJ 08533

Returned checks will be charged a \$25 fee