

WESTAMPTON RECREATION DEPARTMENT

YOUTH TEE-BALL FUN LEAGUE

2016 REGISTRATION FORM – AUTHORIZATION AND RELEASE

REGISTRATION DATES: THURSDAY, MARCH 3, 2016 **TIME:** 6:00 PM – 8:00 PM
 SATURDAY, MARCH 5, 2016 **TIME:** 10:00 AM – 12:00 PM
LOCATION: WESTAMPTON MUNICIPAL BUILDING
 710 RANCOCAS RD, WESTAMPTON, NJ 08060
REGISTRATION FEE: \$60.00 PER CHILD

PROGRAM INFORMATION: For boys and girls 4 and 5 years old. This program will help teach the basic fundamentals of baseball/softball and an understanding of the game in a fun atmosphere. Program will start April 16th and run until the end of June. Games will be played on Saturdays. Practice sessions and games will be 1 hour and played at a location to be determined with times scheduled from 9:00 AM through 2:00 PM. Major league baseball team shirts and hats will be given to each player. Each team will have a scheduled pizza party after the last regular-season game, and each player will receive a participation trophy. All equipment will be supplied, except each player will be required to bring a glove. A \$5.00 late fee will be charged to all those who register after March 7th. No refunds will be given. Checks made payable to Westampton Rec. Mail-in registration forms will be accepted.

****Our programs are opened to residents from Burlington, Eastampton, Hainesport, Lumberton, Mt. Holly, and all other surrounding communities.**

This is not a school-sponsored event/activity

PLEASE PRINT – USE ONE FORM PER PARTICIPANT

PARTICIPANT'S NAME: _____ SEX: MALE: _____ FEMALE: _____
 ADDRESS: _____ TOWN: _____ ZIP: _____
 CONTACT PHONE #:(_____) _____ FAMILY E-MAIL ADDRESS: _____
 AGE: _____ (AS OF 1/1/16) BIRTH DATE: _____ / _____ / _____ GRADE: _____
 PARENTS' FIRST NAMES: MOM: _____ CELL PHONE: (_____) _____
 DAD: _____ CELL PHONE: (_____) _____

Does participant have any known allergies or medical conditions that need specific attention during the program?
 Please be very specific: _____

(Name) _____ has my permission to participate in all activities of the above-registered program. I understand that proper supervision is provided for all programs. In case of emergency, I authorize the program personnel to administer first aid treatment, to secure the services of a physician, to transport me/my child to the nearest medical facility for treatment in case of an emergency, & to try to notify me/my contact person. In the event of injury due to accidents beyond their control, I agree to release and hold harmless the Township of Westampton, the Westampton Township Dept. of Recreation, its supervisors, employees, and all program volunteers, as well as other persons connected with Westampton Township, from all liability relating to personal injury or property damage that I/my child may sustain by reason on my/our participation in, equipment, or facilities therein. I also understand that Westampton Township does not provide accident insurance for any of its participants.

Parent/guardian signature: _____ Date: _____

COACHES _____ & ASSISTANTS _____ ARE NEEDED – IF INTERESTED PLEASE CHECK

PLEASE PRINT NAME OF COACH OR ASSISTANT INTERESTED: _____

ANY QUESTIONS PLEASE CALL THE WESTAMPTON RECREATION OFFICE: (609) 267-1891 (EXT 8)

2016 Youth Tee-Ball Registration Do Not Write in This Box – For Accounting & League Purposes Only
 For Office Use Only - Amount Paid: _____ Cash: _____ Check No.: _____ Received By: _____
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