

MONMOUTH BEACH RECREATION COMMISSION 2011 TEE BALL/ BASEBALL/ SOFTBALL PROGRAM

Due to some changes in the Recreation Softball Leagues we compete in we were forced to restructure our divisions, so please read carefully and fill out accordingly

<input type="checkbox"/> TEE BALL (Within Town)	(GIRLS and BOYS age 5 through Kindergarten)	\$30.00
<input type="checkbox"/> JUNIOR BASEBALL (Within Town)	(GIRLS and BOYS in First Grade)	\$30.00
<input type="checkbox"/> LOWER DIVISION SOFTBALL	(GIRLS Grades 2 thru 4)	\$30.00
<input type="checkbox"/> INTERMEDIATE DIV. SOFTBALL	(GIRLS Grades 5 & 6)	\$35.00
<input type="checkbox"/> SENIOR DIVISION SOFTBALL	(GIRLS Grades 7 & 8)	\$35.00

Registration for these programs will end on March 1, 2011.

Forms can be dropped off AT THE BOROUGH HALL BETWEEN THE HOURS OF 9:00A.M. – 4:00P.M.

Checks should be made payable to “Monmouth Beach Recreation Commission.”

A late fee of \$20.00 will be assessed to all sign-ups received after March 1, 2011 and will be put on a waiting list for team availability.

Please fill out, sign and date this form authorizing your child’s participation in the 2011 program.

Child’s Name: _____ Age: _____ Birthday: _____ Grade: _____ Phone: _____

Address: _____ Parent’s Name: _____

Alternate adult to be contacted in case of an emergency: _____ email address: _____

Name: _____ Phone: _____

Does your child have any allergies or medical conditions which should be known by the coach? Yes No

If yes / Condition: _____

As a Parent and/or Guardian of _____, a minor, I hereby authorize treatment by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician may endanger my child’s life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Family Physician _____ Phone # _____

Other person to contact in case of emergency: _____

Relationship to child: _____ Daytime phone: _____ Evening Phone: _____

This release form is completed and signed of my own free will for the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

PARENTAL SIGNATURE: _____ DATE: _____

COACHING ASSISTANT COACHING

FOR RECREATION COMMISSION USE ONLY

DATE OF REGISTRATION _____ **AMOUNT PAID** _____ **CASH / CHECK CHECK #** _____