

www.sbrecsoftball.com

Saddle Brook Girls Softball 2024 Registration



Saddle Brook Residents only (does not need to attend SB schools)

PROGRAM NOT SPONSORED BY SB BOARD OF EDUCATION

Cash, Check, Credit/Debit Card, Venmo, PayPal accepted.

In-Person Registration Dates at SB Municipal Complex (55 Mayhill St): Wednesday Jan 24 from 7-9pm, Saturday Feb 3 from Noon-2pm, and Thursday Feb 15 from 7-9pm

OR

Mail this form & payment to: Saddle Brook Girls Softball, PO Box 558, Saddle Brook NJ 07663

OR

Online registration & payment available at www.sbrecsoftball.com/register

Open to PK- 9th Grade Our recreation teams in each level will be playing other recreation teams from neighboring towns.

Registrations received after February 15 are subject to an additional \$25 late fee.

If Team Rosters are full, any registration received after February 15 may not be accepted.

For Grades 3-9, Practice begins around March 1 (weather permitting) and around April 1 for Grades PK-2.

If you have any questions, please email saddlebrooksoftball@gmail.com or visit www.sbrecsoftball.com

2024 Player Fee = \$50.00 (Grades 1-9)

2024 KinderBats Division = \$15.00 (Grade PK/K Only)

Child's Name: _____ Birth date: _____ Grade: _____

Address: _____ School: FES HIS LMS SBMS/HS OTHER

Parent's Email(s): _____

Cell Phone: _____ Cell Phone (2): _____

Main Contact Name: _____

Any Medical information you feel we should know about? _____

Shirt Size: Youth: XS S M L Adult: S M L XL 2XL Pant Size: Youth: XS S M L Adult: S M L XL 2XL

Coaches are needed at all levels! I am interested in coaching as (circle one): HEAD ASST
Per town ordinance all coaches must be registered, fingerprinted & Rutgers certified.

Name & Contact Info: _____

MY DAUGHTER IS INTERESTED IN PLAYING TRAVEL SOFTBALL (grades 1-8 only): YES NO MAYBE

Our Travel Division is separate and slightly more competitive, with games played through June & July with light travel against Town teams from Bergen County. Most games are on weeknights with additional practice times. Additional information will follow for those interested. There is a separate cost for Travel.

I, the undersigned guardian/parent and my spouse, of the Township of Saddle Brook, in the County of Bergen and the State of NJ, in consideration of the benefits to our child indicated on this form and to the other children to be gained through their participation in the Saddle Brook Recreation Programs, no matter how designated or described, we do hereby release the Township of Saddle Brook and its agent, servants and /or employees and volunteers from any and all claims or liabilities or actions whatsoever for medical bills, medical expenses, injuries or damages or losses that may be sustained by ourselves and/or our child from any participation in any recreational program in the event the medical bills and/or losses or damages exceed the Township of Saddle Brook's supplemental insurance policy. We fully understand that the Township's insurance policies are supplemental insurance policies only and that primary insurance for any injuries, claims, damages or losses are to be compensated to us through our own primary insurance policies. In the event we do not have primary insurance then the Township's supplemental insurance policy will not come into effect and we will not be entitled to present any claim or action against the Township of Saddle Brook. No child will be allowed to participate in the Saddle Brook Girls Softball Program without a parent/guardian signature. By signing below, I also agree to adhere to the Township's Code of Conduct and Recreation Department Policies as posted on the Township's website.

Parent/Guardian Signature

Date