

Brookhaven Recreation Department

2023 GIRLS SOFTBALL ENTRY FORM

Date _____

Registration Feb - Mar 15

NO REQUEST! PLAYERS WILL BE DRAFTED

_____ 7 & 8 COACH PITCH

NAME	AGE (As of 12-31-22)	DATE OF BIRTH
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PARENT'S NAME (Both)	(Home)	TELEPHONE	(work) (Cell) (Text)
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ADDRESS	CITY	ZIP
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Day care, school attending	Email Address
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WOULD YOU LIKE TO BE A COACH? _____

(Head coach for first child half price \$25.00)

PAID \$ 50.00 (Cash or check)	RECEIPT NO.
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Payable to: Brookhaven Recreation Dept.

CIRCLE ONE:

SHIRT SIZE:

YOUTH SMALL

YOUTH MEDIUM

YOUTH LARGE

ADULT SMALL

ADULT MEDIUM

ADULT LARGE

ADULT X-LARGE

ADULT XX-LARGE (\$2.00 MORE)

**A player's age on December 31, 2022 determines
the age classification.**

Over

Brookhaven Recreation Department

RELEASE BY PARENT OR GUARDIAN

I _____, AM THE NATURAL PARENT AND/OR
PARENT
GUARDIAN OF THE MINOR CHILD _____ WHOSE
BIRTHDAY IS child _____.

BIRTHDAY
BY VIRTUE OF AND IN CONSIDERATION OF THE CITY OF BROOKHAVEN AND ITS
DEPARTMENT OF RECREATION ALLOWING MY MINOR CHILD TO PARTICIPATE IN
THE FOLLOWING RECREATIONAL ACTIVITY, TO-WIT:

SOFTBALL

I DO HEREBY, ON BEHALF ON MY MINOR CHILD, RELEASE SAID CITY AND
DEPARTMENT FROM ANY RESPONSIBILITY FOR ANY HARM OR INJURY, (OR ANY
LIABILITY WHICH MAY RESULT THEREFROM) WHICH SAID CHILD MAY
EXPERIENCE OR SUFFER FROM WHILE PARTICIPATING IN OR ATTENDING A
RECREATIONAL ACTIVITY SPONSORED, OPERATED OR CREATED BY SAID CITY
AND DEPARTMENT. I FURTHER RECOGNIZE AND ACKNOWLEDGE THAT THE SAID
CITY AND DEPARTMENT WILL PROVIDE NO HEALTH AND ACCIDENT INSURANCE
FOR MY CHILD TO COVER MY CHILD FROM BODILY INJURY HE/SHE MAY SUFFER
WHILE PARTICIPATING IN THE CITY AND DEPARTMENT RECREATIONAL
ACTIVITIES. THE RECREATION DEPARTMENT HAS PERMISSION TO USE ANY
PHOTOGRAPHY TAKEN FOR PUBLICITY PURPOSES. I HAVE READ AND
UNDERSTOOD THE ABOVE RELEASE AND AGREE TO ITS TERMS.

SIGNED _____

DATE _____