

2020 GIRLS FAST PITCH ENTRY FORM

Date _____

Registration Jan. -Mar. 6

____ 10 & UNDER

____ 12 & UNDER

No Request! Players will be drafted

NAME AGE(As of 12-31-19) DATE OF BIRTH

PARENT'S NAME (Both) (Home) TELEPHONE (work) (Cell) (text)

ADDRESS CITY ZIP EMAIL ADDRESS

SCHOOL ATTENDING TEAM ON LAST YEAR

WOULD YOU LIKE TO BE A COACH? _____

(Head coach for first child half price \$40.00)

Position You Play or would like to play(pitchers will try out) _____

PAID \$ 80.00 (Cash or check) RECEIPT NO.

Insurance included

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, 2019 determines the age classification.

OVER

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:

FAST PITCH 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 _____

