2021 GIRLS FAST PITCH ENTRY FORM

Registration Jan. -Mar. 5

Date_____

____10 & UNDER _____12 & UNDER No Request! Players will be drafted

NAME	AGE(As o	f 12-31-20)	DATE OF BIRTH
PARENT'S NAME (Bo	h) (Home)	TELEPHC	ONE (work) (Cell) (text)
ADDRESS	CITY	ZIP	EMAIL ADDRESS
SCHOOL ATTENDING		TEAM ON LAST YEAR	
WOULD YOU LIKE (Head coach for first child h		COACH?	
Position You Play or wo	ould like to pla	y(pitchers w	ill try out)
PAID \$ 80.00 Insurance includ Payable to: Brookhave		RECEIP.	Г NO.
CIRCLE ONE:	n Meer cuiton 1	Jepi.	
	SHI	RT SIZE:	
YOUTH SMALL			
		UTH MEDIUN	M
YOUTH LARGE ADULT SMALL			
		ULT SMALL	M
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A player's age on December 31, 2020 determines the age classification.

RELEASE BY PARENT OR GUARDIAN

_____, AM THE NATURAL PARENT AND/OR Ι_____ 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____