

2021 GIRLS SOFTBALL ENTRY FORM

Date_____

Registration Jan -Mar 5

NO REQUEST! PLAYERS WILL BE DRAFTED

_____7 & 8 COACH PITCH

NAME	AGE(As of 12-31-20)	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, 2020
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:

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 _____