

**\*\* SIGN UPS - Town Hall 3<sup>rd</sup> Floor Thursday 11/5/15 4:00- 7:00 PM \*\***

**Questions? Please contact Christina Cruz – Recreation Director at 382-5200 ext 204**

**PLAISTOW RECREATION - GIRLS SOFTBALL REGISTRATION**

APPLICATION, COPY OF BIRTH CERTIFICATE & \$ \_\_\_\_\_ REGISTRATION FEE DUE BY JANUARY 15, 2016

**Your League age is your age on January 1, 2016**



U8 -----age 8 or under as of January 1, 2015 - \$75.00  
U10-----age 10 or under as of January 1, 2015 - \$75.00  
U12-----age 12 or under as of January 1, 2015 - \$100.00

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ LEAGUE AGE-AGE ON 1/1/15 \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ RETURNING PLAYER? NO \_\_\_ YES \_\_\_\_ U8 U10 U12

PARENT/GUARDIAN NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_

EMAIL \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_

EMAIL \_\_\_\_\_

LIST ANY MEDICATIONS/ALLERGIES: \_\_\_\_\_

PHYSICIAN NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_

DENTIST NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

**EMERGENCY CONTACTS**

NAME \_\_\_\_\_ PHONE # \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

NAME \_\_\_\_\_ PHONE # \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

I hereby give permission for my child to participate in the Plaistow Recreation Softball Program. I assume all rights and hazards incidental to participation and hereby release and absolve the Town of Plaistow Recreation Department, all employees and volunteers for any damage my child may suffer. In case of emergency by authorization of my signature below, I hereby allow the Town of Plaistow Recreation Department. Employee/volunteer to administer first and make arrangements for emergency transportation to a medical facility for treatment.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
SIGN HERE PRINT HERE DATE

CUT ALONG DOTTED LINE

**INTERESTED IN HELPING OUT?** Our program is only possible with the help of volunteers!  
Please circle level and area of interest! Program reps will be in touch December/January with more info!

Name: \_\_\_\_\_ Email \_\_\_\_\_

Phone # \_\_\_\_\_ U8 U10 U12

COACHING TEAM PARENT CONCESSIONS/FUNDRAISING

OPENING DAY/END OF SEASON UMPS/CLINICS