



**Essex Fells Recreation Baseball/Softball '17 Grades 3-8**

A Boys & Girls League/ Babe Ruth League (Grades 7-8)

B League Boys & Girls/West Essex Baseball/Softball League (Grades 5-6)

C League Boys & Girls/West Essex Baseball/Softball League (Grades 3-4)

A, B, C Leagues Boys & Girls- \$100.00

Complete the attached application and mail to

EFRD @ 255 Roseland Ave., Essex Fells, NJ 07021

**Fees Non-Refundable- Registration deadline is Monday, February 27, 2017.**

No applications processed after this date. Applications received after this will be assessed a **\$30.00 late fee for all levels** and placed on a waiting list for possible placement.

Contact Lauren Lombardy @ [LLombardy1@gmail.com](mailto:LLombardy1@gmail.com) or 973-809-7998 with questions.

*We are in need of volunteer coaches for all grade levels, so if you're interesred please check the box below.*

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ Phone \_\_\_\_\_ Gender: M F

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ Cell \_\_\_\_\_ Gender: M F

Shirt Size- (Circle One) YS YM YL AS AM AL

Pants Size- (Circle One) YS YM YL AS AM AL

Address \_\_\_\_\_

Email-mandatory-(print legibly) \_\_\_\_\_

Does your child have any other commitments that may conflict with baseball practice and games? \_\_\_\_\_ If so what days? \_\_\_\_\_

Parents interested in being a volunter coach? **head coach.** \_\_\_\_\_ **assistant coach** \_\_\_\_\_

Health Conditions- \_\_\_\_\_

Emergency contact- \_\_\_\_\_

I/we, the parents of the above do hereby give approval to my/our child's participation in any and all league/clinic activities during the current season. I/we will assume all responsibility for my/our child's transportation to and from games and practices. I/we agree to abide by all rules and regulations set down by the Essex Fells Recreation Department. I do hereby assume all risks of competition and participation therein, and on behalf of myself, my heirs, and personal representatives do hereby hold harmless, and waive all rights and action I may have, against the Borough of Essex Fells, Essex Fells Recreation Dept., and all other persons involved in the organization, for any injury, loss or damages my/our child may suffer as a result of participation in baseball/softball/T-Ball. Please note any health condition(s) my son/daughter may have which the Recreation Department should be aware.

Parent(s) Signature- \_\_\_\_\_ Date \_\_\_\_\_

OFFICE USE ONLY

Check # \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Date: \_\_\_\_\_

