



Essex Fells Recreation Baseball/Softball '18 Grades 3-8

Separate teams for girls and boys leagues:

- A** League Boys & Girls (Grades 7-8)
- B** League Boys & Girls- (Grades 5-6)
- C** League Boys & Girls (Grades 3-4)

Complete the attached application and mail to
EFRD @ 255 Roseland Ave., Essex Fells, NJ 07021

Cost per player: \$125.00- Fees Non-Refundable- Registration deadline is February 26, 2018.

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.

Questions: Please contact Lauren Lombardy @ LLombardy1@gmail.com or
Recreation@essexfellsboro.com.

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

Please fill out all the information asked for. Do not list more than 2 children on each form.

Child Name _____ Current Grade ____ Gender: M F
 Shirt Size- (Circle One) YS YM YL AS AM AL
 Pant Size- (Circle One) YS YM YL AS AM AL

Child Name _____ Current Grade ____ Gender: M F
 Shirt Size- (Circle One) YS YM YL AS AM AL
 Pant Size- (Circle One) YS YM YL AS AM AL

Parent/Guardian Name: _____
 Home Address: _____
 Home Phone _____ Cell Phone _____
 Email-mandatory-(print legibly) _____

Parents interested in being a 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 basketball. 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 #- _____ Date received- _____