



**Essex Fells Recreation Baseball/Softball '19 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, 2019.**

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](mailto:LLombardy1@gmail.com) or [Recreation@essexfellsboro.com](mailto: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- \_\_\_\_\_**