



Essex Fells Recreation Baseball/Softball/T-Ball '12



A Boys League/ Babe Ruth League (Ages 13-15)

A Girls League/West Essex Softball League (Grades 7-9)

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

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

D League Boys & Girls/West Essex Baseball/Softball League (Grades 1-2)

A, B, C, & D Leagues Boys & Girls- \$90.00

Fees Non-Refundable Registration deadline is **Friday, February 24th.**

No applications processed after this date. Applications received after this will be assessed a **\$30.00 late fee for all levels**, placed on a waiting list for possible placement. Please complete the form below and return to- Essex Fells Recreation Department, Box 38, Essex Fells, NJ 07021 Contact Rob Lombardy @ 973.768.2705/rlombardysr@gmail.com with questions.

We are in need of volunteers for all programs

Name- _____ Grade ___ Phone _____ M F

Name- _____ Grade ___ Cell _____ M F

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

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

Address _____

Email-mandatory-(print legibly) _____

PLEASE CIRCLE- BASEBALL / SOFTBALL / T-BALL

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

Parents interested in being a- **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 #- _____	Date received- _____