



River Edge Girls Athletic League

2012 SOFTBALL REGISTRATION FORM

REGISTRATION FEE: Grades K-2: \$70 per girl Grades 3-8: \$100 per girl \$170 per family

Make checks payable to CAC/REGAL SOFTBALL CHECK # _____ Amount \$ _____

Please note that your child's registration includes a field use maintenance fee that has been imposed by the River Edge Recreation Commission.

REgal Softball is open to any girl attending school in River Edge K – 8.

Regal Softball is open to all RDMS girls!

Two Ways to Register:

- 1. Register in person at the Cherry Hill School Lobby from 7:30-9:00 PM on Thursday, February 16th.**
- 2. Mail in your registration and check before February 20th to REgal Softball, PO Box 119, River Edge, NJ 07661.**

CHILD'S NAME: _____ BIRTH DATE: _____

ADDRESS: _____

PHONE # (201) _____ PARENT E-MAIL ADDRESS _____

CHILD'S SCHOOL _____ GRADE _____

SHIRT SIZE (Circle Size) Youth Med Youth Lg Adult Sm Adult Med Adult Lg

I, the parent or guardian of the above named registrant, hereby approves her participation in all activities of the 2012 REgal Softball Program. I assume all risks and hazards incidental to such participation, including transportation to and from activities. I hereby waive, release, absolve and indemnify organizers, supervisors, coaches, participants and people transporting my daughter or ward to the extent and in the amount covered by accident.

PARENT/GUARDIAN SIGNATURE: _____

We need volunteers! As always the success of our softball program is dependent upon our great volunteers.

Circle below the position & level(s) you would like to be considered for:

Parent's Name _____ Manager _____ Assistant Coach _____

Team Representative _____

Kindergarten Instructional {1st & 2nd} Minors {3rd & 4th} Juniors {5th & 6th} Seniors {7th & 8th}

Interested in sponsoring a softball team, check here! Business Name _____

All coaches must have completed the Rutgers Safety Course and have been fingerprinted. For more information on this, please email Regal.Softball@yahoo.com. Information will also be available on registration night.

As a REGAL parent and/or coach, I hereby acknowledge that I will abide by the rules and code of conduct as laid out by CAC-REGAL, and accept that any violation of said rules or code of conduct can result in suspension and notification to all sporting leagues under the Central Athletic Council.

YOUR SIGNATURE _____

For more information about Travel Softball, check our website at www.Regalsports.org.

Registrations after February 20th should include a late fee of \$10.

No registration will be accepted after February 28th.

River Edge Girls Athletic League Softball 2012

Medical Release Form

Player's Name: _____ Date Of Birth: _____
M D Y

In case of an emergency, if I, or the family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First responder, ER Physician)

Family Physician Name: _____ Phone (____) _____

Physician's Address _____ City _____

Hospital Preference _____

In Case of Emergency, contact:

Contact #1

Name _____ Relationship to Player _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____

Contact #2

Name _____ Relationship to Player _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____

Please list any allergies/medical problems, including those requiring any maintenance medication: (i.e. diabetic, asthma, seizure disorder)

<u>Condition</u>	<u>Medication</u>	<u>Dosage</u>	<u>Frequency of Dosage</u>
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_____	_____	_____	_____
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Date of last Tetanus Toxoid Booster: _____
M Y

I am aware that participating in REgal Sporting Activities is a potentially hazardous activity. I am aware that protective equipment cannot prevent all injuries a player might receive while participating. I assume all risks associated with participation in REgal sports and give my permission for my child to participate.

Parent/Guardian Signature _____

Date _____
M D Y