

# WESTAMPTON RECREATION ADULT COED SOFTBALL LEAGUE

## 2010 REGISTRATION FORM – AUTHORIZATION AND RELEASE

**REGISTRATION DATE:** THURSDAY, MARCH 4, 2010 **TIME:** 6:00 PM – 8:00 PM  
 SATURDAY, MARCH 6, 2010 **TIME:** 10:00 AM – 12:00 NOON  
**LOCATION:** WESTAMPTON MUNICIPAL BUILDING, 710 RANCOCAS RD.  
**REGISTRATION FEE:** \$45.00 PER PARTICIPANT

**PROGRAM INFORMATION:** League will start April 18<sup>th</sup> and games will be played the following Sundays: 4/18, 4/25, 5/2, 5/9, 5/16, 5/23, 6/6, 6/13, 6/20, 6/27. Make-up games/playoffs will begin 7/11, 7/18, 7/25 (if necessary). No games scheduled on 5/30 or 7/4 (unless making up rainouts). Game times will be 9:00 am, 10:30 am, 12:00 pm, 1:30 pm, & 3:00 pm (using 4-5 fields). No doubleheaders scheduled during regular season unless added for make-ups. League is coed with 12-15 players per team. Team shirts will be given to each participant. \*League will only accept individual registrations if teams are in need of players. No refunds will be given. Checks made payable to Westampton Rec.

**PLEASE PRINT – USE ONE FORM PER PARTICIPANT**

PARTICIPANT'S NAME: \_\_\_\_\_ SEX: MALE: \_\_\_\_\_ FEMALE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TOWN: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE:(\_\_\_\_\_) \_\_\_\_\_ CELL PHONE:(\_\_\_\_\_) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT & PHONE #: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

Do you have any known allergies or medical conditions that need specific attention during the program? Please be very specific: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

JERSEY SIZE (CIRCLE ONE):      ADULT:    SM    MED    LG    XL    XXL    XXXL

In agreeing to participate in this activity, as a participant, I affirm that my general health is good and that I am not adversely affected by exercise and am capable of performing an activity of this nature. In consideration of participating in this activity, I do hereby assume all risk of any injury to myself and will indemnify and hold harmless from any and all liability, actions, causes, claims, and demands of every kind of nature whatsoever that I have or which arises of or in connection with my participation in this activity, the County of Burlington, the Township of Westampton, the Westampton Township Recreation Department, and the Westampton Township School Board, and all their officers, agents, employees, staff, volunteers, and successors. It is likewise assumed and agreed that the participants will wear proper clothing and protective equipment during the activity and that it is the responsibility of the participant to see these criteria are met. I also agree to allow transportation to the nearest physician or hospital for medical treatment and agree for immediate first aid if injured when deemed necessary. I also understand that Westampton Township does not provide accident insurance for any of its participants.

PARTICIPANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

TEAM NUMBER: \_\_\_\_\_ TEAM COLOR: \_\_\_\_\_

NAME OF CAPTAIN FOR YOUR TEAM: \_\_\_\_\_

ANY QUESTIONS, PLEASE CALL THE WESTAMPTON RECREATION OFFICE: (609) 267-1891 (EXT 8)

2010 Adult Coed Softball Registration	<b>Do Not Write in This Box – For Accounting Purposes Only</b>
For Office Use Only:	Amount Paid: _____ Cash: _____ Check No.: _____ Received By: _____