

WESTAMPTON RECREATION ADULT COED SOFTBALL LEAGUE

2012 REGISTRATION FORM – AUTHORIZATION AND RELEASE

REGISTRATION DATE: THURSDAY, MARCH 1, 2012 **TIME:** 6:00 PM – 8:00 PM
 SATURDAY, MARCH 3, 2012 **TIME:** 10:00 AM – 12:00 NOON
LOCATION: WESTAMPTON MUNICIPAL BUILDING, 710 RANCOCAS RD.
REGISTRATION FEE: \$50.00 PER PARTICIPANT

PROGRAM INFORMATION: League will start April 22nd and games will be played the following Sundays: 4/22, 4/29, 5/6, 5/13, 5/20, 6/3, 6/10, 6/17, 6/24 & 7/1. Make-up games/playoffs will begin 7/8, 7/15, 7/22 (if necessary). No games scheduled on 5/27 (unless making up rainouts). Game times will be 9:00 am, 10:30 am, 12:00 pm, 1:30 pm, & 3:00 pm (using 6-8 local 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)

2012 Adult Coed Softball Registration	Do Not Write in This Box – For Accounting Purposes Only
For Office Use Only:	Amount Paid: _____ Cash: _____ Check No.: _____ Received By: _____