

# GIRL'S SOFTBALL PROGRAM

West Orange Rec Department

Practices Start in Early April  
Volunteer Coaches Needed

Games Start About May 1st  
All Umpires are Fully Certified



## PEE-WEE DIVISION

Grades K & 1 T-Ball \$35. Registration Fee

## JUNIOR DIVISION

Grades 2 & 3 Coach Pitch \$35. Reg. Fee  
Games: Mon. to Thur. Eves. at Pleasantdale

## SENIOR DIVISION

Grades 4 - 6 Player Pitch w/Umpires  
\$50. Registration Fee  
Games: Mon. to Thur. Eves. at Pleasantdale



**SUMMER  
ALL STAR TRYOUTS  
GRADES 4 - 8**



**SAT. & SUN APRIL 13 & 14 4:30 PM**

## REGISTRATION INFORMATION

Provide parent's driver's license, child's birth certificate & most recent report card  
Make check payable to WO Rec Return all materials to WO Rec, 60 1/2 Cherry Street.

## ROSTER SELECTION POLICY

ALL DIVISIONS: 1) School affiliation 2) Grade balance & 3) Limited teammate requests

**\*\*\*\*\* REGISTRATIONS RECIEVED AFTER 3/15 PLACED BY AVAILABLE SPACE \*\*\*\*\***

\*\*\* Complete & Return to WO Rec, 60 1/2 Cherry St.\*\*\*  
WO Rec **Consent & Waiver Form** Girl's Softball Program

### CHECK LEVEL (V)

Pee Wee (Grades K & 1)  Junior (Grades 2 & 3)  Senior (Grades 4, 5 & 6)

### CHECK SHIRT SIZE (V)

Youth Medium  Youth Large  Adult Small  Adult Medium  Adult Large  Adult Extra Large

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
School Child Attends: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Best E-Mail: \_\_\_\_\_  
Parent #1: (Male \_\_\_/Female \_\_\_) \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Parent #2: (Male \_\_\_/Female \_\_\_) \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Emergency Contact - Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
**Name of Parent Willing To Help Coach: \_\_\_\_\_ (VOLUNTEER APPLICATION REQUIRED)**

### Consent & Waiver

I give my permission for my child to participate in the WO Rec program designated above. I verify that the applicant is in good health and able to participate in vigorous activities. I hereby release the West Orange Rec Dept., WO Board of Ed, the Township of WO, their organizers, servants, officers, volunteers, affiliates and employees from any and all claims of action whatsoever arising out of participation in the above designated program. I understand that the parent and/or guardian is solely responsible for accidental, medical or dental expenses incurred as a result of participation in the above designated program. In the event of illness or injury to the applicant, I grant the program staff permission to provide emergency medical care. Further, I understand that the WO Rec Dept. follows a strict "No Refund" policy.

Additionally, I give the West Orange Rec Dept. permission to use my child's name and photographic image for any and all promotional uses.

Parent/Guardian Signature: **X** \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### for office use only

Fee Paid: Cash: \_\_\_\_\_ Check #: \_\_\_\_\_ Money Order #: \_\_\_\_\_  
Parent's Driver's License #: \_\_\_\_\_ Child's Birth Cert. #: \_\_\_\_\_  
Child's Report Card - School: \_\_\_\_\_ Grade: \_\_\_\_\_  
**INFORMATION VERIFIED BY: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_**