HASBROUCK HEIGHTS RECREATION DEPARTMENT

ROBERT BRADY DIRECTOR OF RECREATION

201-288-4143 (Fax) 201-288-4356

2004 GIRLS SOFTBALL

Registration for the Girl's Recreation Softball League, which is open to all Hasbrouck Heights girls in the 3rd through 8th grades, registration will be held on Wednesday February 25th from 7pm to 9pm at the recreation office located in the municipal building 320 Boulevard.

- Clinics will be available for all players that will cover: hitting, fielding, pitching, and base running
- Trophies for all participants
- Tryouts for a late spring early summer traveling team
- Open gym tryouts for 6th, 7th, and 8th graders to assist in fair drafting

The cost for this program is \$35 for the softball season, and if your daughter would like to attend the Saturday clinics it is a one-time fee of \$20.00 for all 4 sessions. Your daughter will be notified with the time and locations of each clinic.

| Child's | | | | |
|----------------------|-------------------|-----------|---------------------|--|
| Name | | Phone | | |
| Child's Address | | | | |
| Date of Birth | Age | Grade | School | |
| Choose a shirt size: | Youths | mallmediu | mlarge | |
| Adı | ılt Small Adult N | Iedium A | dult Large Adult XL | |

Would your daughter like to attend the softball clinics for a one-time fee of \$20.00- YES no please circle one

Would your parent/other relative like to coach_____

Would your parent/other relative like to umpire____

I hereby give my daughter permission to play in the Recreation Girl's Softball League. I also understand that I must report any injuries from the program within five days by phone and by certified mail and I also understand that it is a limited policy with a deductible. I hereby certify and affirm that my daughter is a permanent resident of Hasbrouck Heights, lives in Hasbrouck Heights all year round, and is in the 3rd through 8th grades. I also certify and affirm that the above information is true and correct and I realize any falsification is punishable by law NJS 2c:28-3.

Parent's Signature:___

REGISTRATION \$35.00_____

CLINICS- \$20.00____

TOTAL ENCLOSED_____

