



# T-Ball registration form

**Dates:** Sundays: 4/5, 4/19, 4/26, 5/3, 5/17, 5/24

**Location:** Sandshore T-Ball field • **Time:** 11:00 am - noon • **Fee:** \$70

Please Note: Players need to bring their own glove. If they have a favorite bat they want to use or a helmet that fits "just right" then bring that along too!

**Parent Information Packet is available online at <http://web.mac.com/vbreschard/PEAK> and must be completed and returned before the onset of practice or the child will not be allowed to participate.**

Parent's First Name : \_\_\_\_\_ Last Name: \_\_\_\_\_

Student's First Name : \_\_\_\_\_ AGE: \_\_\_\_\_  Sibling discount: \$40

Description of student's disability and any medically relevant information (please use the back of this form if necessary): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail (use for correspondence between coach/instructor and participants): \_\_\_\_\_

*If you can not be reached via the phone numbers listed above, we will attempt to reach the emergency contact you list below.*

Emergency Contact: \_\_\_\_\_ Emerg. Phone: \_\_\_\_\_

### PLEASE READ CAREFULLY

Checks returned for insufficient funds will require an additional \$20 processing fee, in addition to cash or money order payment for the program. You will be contacted via email if there is a change in schedule or if the program/class is cancelled due to lack of enrollment. If no email address is provided, you will receive a phone call. If inclement weather prevents practice, it is up to the discretion of the instructor as to when/where make-ups will be. Refunds are only issued if the program is cancelled, otherwise a credit will be issued for a future Recreation sponsored program. Your cancelled check will serve as your receipt.

As in any activity, there are inherent risks, and injuries that may occur. I hereby release and discharge the Township of Mt. Olive, its agents, employees, appointed officials, volunteers, commissions, or associations from any and all actions for losses, damages, or personal injuries to myself or my child which may occur or arise out of my or my child's participation in the above activity.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This student's photo may be used in:

training/workshop slides  printed materials such as brochures, flyers & newsletters  advertisements  photo not to be used

**PLEASE CHECK WHICH SIZE SHIRT YOU WOULD PREFER FOR YOUR CHILD:**  Small (6-8)  Medium (10-12)  Large (12-14)

**Completed Registration & Parent Information Forms can be mailed/dropped off with your total fee of \$75 (includes \$10 registration fee) to the address listed below. Please make Checks Payable to "Mt Olive Recreation"**

Drop off at the Recreation Dept. Mon-Fri. ,8:30am-4:30pm  
Mail to : Township of Mt Olive, Recreation , PO Box 450, Budd Lake NJ,07828

**Registration Deadline: 4/3/09**

<b>For Office Use</b>
Receipt # _____
Cash: _____
Check _____
Initials: _____