

Rindge Recreation Department

283 Wellington Road P.O. Box 131 Rindge, NH 03461

Phone: 899-6847 Fax: 899-9724

2010 JENNY LEAGUE SOFTBALL

For Rindge Residents Only



Registration Deadline: April 9, 2010

Jenny League Softball (9-10, 11-12, 13-16)

Jenny League Softball is designed for girls to learn advanced fundamentals in practice and play competitive games against teams from Jaffrey, Peterborough, Antrim, and New Ipswich.

Girls born after January 1, 2000 and before December 31, 1993 are eligible for Jenny League Softball)

Cost is \$55

***Teams at 9-10 & 11-12 levels are made up of girls from Rindge.**

In order to keep costs down and increase revenues, the concession stand will be open for all games. Starting this season, each family will be assigned two shifts throughout the season.

Please use Registration Form on back of Form

This is not a School Sponsored Event

Rindge Recreation Department Youth Sports Registration Form

Are you a resident of Rindge? Yes No **SPORT:** _____

GRADE: _____ **SEX:** _____ **PLAYERS NAME:** _____

DOB: _____ **AGE:** _____ **SCHOOL:** _____ **HOME PHONE #:** _____

E-MAIL ADDRESS: _____

PARENT/ GUARDIAN: _____ **ALT. PHONE#:** _____

STREET ADDRESS: _____

TOWN: _____ **ZIP:** _____ **Shirt Size:** _____

Permission and Emergency Treatment

I hereby give my permission for my son/daughter to participate in the Rindge Recreation programs. I assume all risks and hazards incidental to such participation, including transportation to & from activities, and I do hereby waive, release, and agree to hold harmless the said Rindge Recreation, its volunteers, staff, and all sponsors for any claim arising out of injury to my son/daughter or property damage that might occur during the participation. I am aware of the hazards of the activities/sports and the risk of injury in these programs.

In case of emergency I hereby give my permission to the program staff and medical personnel selected by the Rindge Recreation, in my absence, act as my agent, to apply first aid when necessary, or in the event of a more serious accident, for my child to be transported to an emergency medical facility to receive emergency medical treatment. I also authorize the medical personnel to administer such treatment as is medically necessary, and I authorize the hospital to undertake examination and emergency treatment if warranted on behalf of my child. EVERY EFFORT WILL BE MADE TO CONTACT PARENTS IN THE EVENT OF AN EMERGENCY.

Medical Condition: _____

Parent Signature: _____ **Date:** _____

Emergency contact: NAME _____

Telephone #: _____ **Relationship to Player:** _____

Player has sibling/s that are registered in the following divisions: (divisions aligned by grade)

K 1 2 3 4 5 6 7 8 9 10+

VOLUNTEER: This program's success is dependent on the support of volunteers. Coaches are assigned teams their children play on. Please help! Check the appropriate box.

Head Coach , Asst. Coach , Referee , Scorekeeper , Administrative Support

Name: _____ **PHONE #:** _____

For Office Use Only: Date Received: _____ **Payment: Cash Amount:** _____

Check # _____ **AMT.** _____ **Name on Check** _____