BROOK PARK RECREATION
2008
RESIDENTS ONLY
GIRLS YOUTH SOFTBALL REGISTRATION

Please **PRINT:** Child's Name

NAME_____AGE (as of AUGUST 1, 2008)_____

ADDRESS_____BIRTHDATE_____

PHONE # (HOME)_____(WORK)_____

PARENTS NAME (FATHER)_____(MOTHER)_____
Registrations will be accepted until **FEBRUARY 29TH.** or until maximum quotas are met.
* **Please check here if you played last year____ if so, for what team? _____**

Check ONE League only:
____ Girls Coach Pitch (7-8 yrs) Cannot be 9 yrs old on or before Aug 1st.

NEW **Recreational Fastpitch Leagues**:
____ Girls A (9-10 yrs) Cannot be 11 yrs old on or before Aug. 1st
____ Girls AA (11-12 yrs) Cannot be 13 yrs old on or before Aug. 1st.
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*____ Girls AAA (13-14 yrs) Cannot be 15 yrs old on or before Aug. 1st.
*____ Girls Majors (15-18 yrs) Cannot be 19 yrs old on or before Aug. 1st.
*will be combined with Middleburg/Berea

Please circle shirt size: YS YM YL AS AM AL AXL AXXL
Please circle short size: YS YM YL AS AM AL AXL AXXL

FEES
Rec. Member: $25 Non-Rec. Member: $30
(All Resident non-members must show two proofs of residency)

**** ALL PARTICIPANTS WILL BE ACCESSED A $10 LATE FEE AFTER FEBRUARY 29TH.**
*****NO REFUNDS unless medical documentation is provided**

Players new to the programs must show their **birth certificate at the time of registration** unless already on file.

I/We, the undersigned do hereby give approval for the above named to participate in the Brook Park Recreation Baseball/Softball program; agree to assume all risks and hazards while participating in a scheduled game or practice session, including transportation to and from all activities; agree that neither the City of Brook Park Recreation Dept; their agents or officers, nor any person or organization connected with this activity will in any way be held responsible or liable for any medical expenses that may be sustained; agree and state that the above named is covered by a Hospital/ Medical Plan; and agrees, upon request, to furnish the above person's Birth Certificate

_____/_____
Parent and/or Legal Guardian's Signature Date

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DATE_____PAID_____RECEIPT#_____BC VERIFIED_____EMPLOYEE_____

PROOF OF RESIDENCY _____