

CLOSTER REC's *Differently-Abled* Baseball Program - 2018

PLEASE PRINT ALL INFORMATION

PLAYER'S NAME _____ / _____ Age _____ DOB _____ / _____ / _____
(last name) (first name) M/D/Yr

ADDRESS _____ TOWN _____ ZIP CODE _____

BOY _____ GIRL _____ SCHOOL _____ GRADE _____

HOME PHONE NUMBER _____ CELL PHONE NUMBER _____

EMAIL ADDRESS _____

FATHER'S NAME _____ MOTHER'S NAME _____

T-SHIRT SIZE _____ (YS, YM, YL, AS, AM, AL, AXL, AXXL)

Name on Jersey _____ (First name only – please print)

STATEMENT OF RISK

We are aware that all athletic activity involves potential for injury. We acknowledge that even with the best coaching, use of good protective equipment and the strict observance of rules, injuries are still a possibility and on a rare occasion these injuries can be so severe as to result in total disability, paralysis or even death. We acknowledge that we have read and understand this warning and will not hold Closter Recreation, Closter Elks, volunteers, coaches, the Borough of Closter, or any other assistant associated with this program liable for any type of injury.

Parent or Guardian Signature: _____ Date: _____

Parent or Guardian Name: _____ (please print)

Comments: (Your child's special needs or special situation that will assist coaches)

<p>CHALLENGER BASEBALL Registration Fee: \$30</p>
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Register online at www.Closterrec.com or
Mail in form and check payable to "Closter Recreation":
295 Closter Dock Road
Closter, NJ 07624
Attention: Maria Passafaro