

Waretown Thunder Softball Club 2010 Registration Form

8U 10U 12U 14U 16U 23U

Player Information

First Name _____ Last Name _____
Date of Birth _____ League Age _____
Street Address _____
Town _____ State _____ Zip Code _____
Bats _____ Throws _____
Uniform Shirt Size _____ Uniform Pants Size _____

Parent/Guardian Information

First Name _____ Last Name _____
Street Address _____
Town _____ State _____ Zip Code _____
E-mail _____

THIS IS HOW WE COMMUNICATE. PLEASE PRINT E-MAIL ADDRESS CLEARLY!

Home Phone _____ Cell Phone _____
Emergency Contact _____ Relation _____
Emergency Phone _____ Do you have Insurance? _____
Insurer and Policy Number _____

By signing below, I authorize my daughter to participate with the Waretown Thunder Softball Club in all team related activities, including, but not limited to games, practices, fund-raising, travel, etc. I further state that I am aware that by paying my registration fee, a portion of the fee purchases limited coverage group insurance. I understand that I must first use my own insurance prior to using the group plan. I understand the registration fee for the 2010 season is \$65 per player and I will select my payment method below and agree to pay the registration fee in full prior to March 15, 2010. I hereby release the Waretown Thunder Softball Club, it's managers, coaches, volunteers and Executive Board from any liability.

Parent/Guardian Signature _____ Date _____

BOARD USE ONLY

Payment Method _____ Amount _____ CK # _____ Cash _____
Paid in Full _____ Balance Due _____ Date Recorded _____
Viewed Birth Certificate _____ Have Babe Ruth ID Card _____
Assigned Team _____

Waretown Thunder Softball Club. PO Box 16, Waretown, NJ 08758. waretownthunder.org