

Glassboro Park and Recreation

Tee ball

2020 Spring Registration

Open February 3rd- March 27th

Ages 4-6



WHERE TO REGISTER:

Glassboro Park and Recreation

152 Delsea Drive South Glassboro, NJ 08028

OR VISIT:

Glassboro.org/parks-recreation for registration form

FOR ANY QUESTIONS:

Call (856) 881-1515 ex.2

**GLASSBORO PARK AND RECREATION
COED TEEBALL 2020
AGES 4 to 6**

**Glassboro Park and Recreation -South Delsea Drive Park
Office Location: 152 South Delsea Drive
Phone: 856-881-1515 ext. 2
Registration Hours 8:30am-4:30pm
Mailing Address:
1 South Main Street, Glassboro NJ 08028**

**REGISTRATION DEADLINE: March 27, 2020
REGISTRATION FEE IS \$ 45.00
PLEASE MAKE CHECKS PAYABLE TO GLASSBORO PARK AND RECREATION
(DUE AT REGISTRATION)**

First Name: _____ **Last Name** _____

Address _____ **City** _____ **Zip** _____

Home # _____ **Cell/ Emergency** _____

Date of Birth _____ **Male:** _____ **Female** _____

Last year Coach/Team _____ **Shirt Size-YS YM YL AS**

Health Insurance Information: Each participant must be cover by his/her own health insurance policy. If you do not have health insurance please request a liability release form.

Insurance _____ **Policy#** _____

Signature of Parent/Guardian _____ **Date** _____

*****Email** _____

Please Assist in our Tee-ball Program we need volunteers:

Name _____ **Coach** _____ **Asst** _____

Telephone# _____ **Daytime#** _____

Email _____

*All volunteers are required to pass a background check.
Please contact office for details.*

Office use:

Date _____ **cash** _____ **check** _____ **ccard** _____ **rec'd** _____

GLASSBORO PARK AND RECREATION INFORMATION SHEET

Players

Gender: Male _____ Female _____

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip Code _____

Grade _____ Birthdate ____/____/____ Shirt Size _____ Pants _____

Phone: Home _____ Cell _____ Work _____

Other _____ Email _____

Contact Information: Players only

Father's Name _____ Cell/Other _____

Mother's Name _____ Cell/Other _____

Emergency Contact (not a parent)

Name _____ Relationship _____

Contact Number _____ Cell/Home _____

Medical Information

Physician's Name _____ Phone _____

Insurance Carrier _____

Policy ID # _____

- * Liability form must be signed if there is no insurance. Please request a form.
- * Each participant shall be covered by his/her own policy. There will be no participation without proof of insurance.

Allergies _____

Medications _____

Special Restrictions or Needs _____

- * Please be aware that the information given will be shared with coaches. Please do not disclose any information you do not wish to share with others.
- * The above information is true to the best of my knowledge. I will be responsible to update and advise the Park and Recreation Department of any changes. I will not hold the Park and Recreation Commission, their employees or coaches liable for any injuries incurred while participating in any activities.

Signature of Parent or Guardian _____ Date _____

Relationship _____

OFFICE USE ONLY:

Member: Youth _____ Teen _____ Coach _____

Member ID #: _____ Entered by: _____ *Update on: _____