

ANTRIM PARKS & RECREATION

P.O. BOX 517 ANTRIM NH, 03440

www.antrimnh.org



SOFTBALL FOR AREA YOUTH AGES 7 THRU 12

Phone 603-588-3121 or Fax 603-588-2969

antrimrecreation@tds.net

HOW TO REGISTER:

Dear Families,

We look forward to another year of Softball and look forward to welcoming back former players as well as meeting new player. There will be a slight change in the registration process this year.

We will offer three registration days in the Parks & Recreation Office:

Saturday, January 30th from 9:00am to 1:00pm

Thursday, February 18th from 5:00pm to 8:00pm

Monday, March 8th from 4:00pm to 7:00pm

Make checks payable to: Town of Antrim

Things you need to know:

Teams will be formed if we have enough players:

- Age – is determined by the age you are as of 1/01/10
- Birth Certificates are required this year for everyone, unless we received one in 2009.

Ages 7 & 8 – Rookies

Ages 9 & 10 – Minors

Ages 11 & 12 – Majors

Games and Practices are held on weeknights in Antrim. All teams will have some Saturday games.

REGISTRATION FEES:

(Covers: Uniform, Equipment & League Fees)

- Rookies \$35
- Minors/Majors \$45
- Deadline – Monday March 8, 2010
- \$10 late fee after March 8th

*** * Please call or e-mail if cost is prohibitive. We want your child to play! * ***

DETACH FORM HERE AND SEND OR BRING REGISTRATION TO ANTRIM RECREATION (SEE ABOVE)

Players Name: _____ Grade: _____ Town: _____

Parents Name: _____ Home Phone: _____

Mailing Address: _____ Cell Phone: _____

_____ Work Phone: _____

E-mail Address: _____ Gender: M or F DOB: _____

UNIFORM SIZE: SHIRT YS YM YL AS AM AL PANTS YS YM YL AS AM AL

Volunteers Needed: Coach Asst. Coach/Team Mgr Scorekeeper **Concessions

** If you volunteered to help with concessions, please contact us with your availability after reviewing your son or daughter's home game schedule.

Name of Volunteers: _____

Players Name: _____

All sports are potentially dangerous and may result in personal injury to the player. You hereby are acknowledging that you are registering your child and accept the risks inherent in the sport. Additionally, you understand that any injuries or illnesses sustained by your child will be your responsibility to pay for and that there is no medical insurance granted to your player/child when they register for our program. You understand and give permission for us to seek appropriate medical care and transport in the case of injury or sudden illness.

Emergency Contact _____ Phone: _____

Child's regular physician: _____ Phone: _____

Parnet/Guardian Signature: _____ Date: _____

Please note anything we should know (medical, social, carpool issues etc.) about your child. Use the back of this form if more room is needed? _____