

**MADISON PARK GIRLS SOFTBALL  
2010 REGISTRATION FORM  
ONE PLAYER PER FORM, PLEASE PRINT ALL INFORMATION CLEARLY**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 STREET: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
 TOWN & STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
 SCHOOL: \_\_\_\_\_ GRADE in 2009/2010 school yr: \_\_\_\_\_  
 PARENTS E-MAIL ADDRESS: \_\_\_\_\_

**UNIFORM SIZE – ALL APPLICANTS**

**Please circle a shirt and a pant size for your child**

*(If in doubt order the bigger shirt size as sweatshirts are worn underneath early in the season)*

<b>Shirt:</b>	Youth Sizes	Small (size 6 –8)	Medium (size 8-10)	Large (size 10-12)		
	Adult Sizes	Small	Medium	Large	XL	XXL
<b>Pants:</b>	Youth Sizes	Small (size 6 –8)	Medium (size 8-10)	Large (size 10-12)		
	Adult Sizes	Small	Medium	Large	XL	XXL

**RETURNING PLAYERS**

1. Team you played on in 2009 \_\_\_\_\_
2. Do you want to return to that team \_\_\_\_ Yes \_\_\_\_ No  
*(applications must be received by 12/31/09 for this to apply, and player must be age-eligible to return to that team).*
3. Do you want to play with a friend, if so list friends name:  
 1<sup>st</sup> Choice \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_  
*(Keep in mind that this is a request and is limited to space availability on a team, if the players are eligible to play in the same division, and the date in which the application is received. After January 1, 2010 there will be no requests honored.)*

**ALL PLAYERS**

1. Did you play softball last year: \_\_\_\_ Yes \_\_\_\_ No, If yes, where: \_\_\_\_\_
2. Is a parent interested in \_\_\_\_ Managing or \_\_\_\_ Coaching a team in 2010? Parents name \_\_\_\_\_
3. Candy fundraiser: Will child \_\_\_\_ sell the candy or \_\_\_\_ take the candy buyout?
4. If age eligible do you want your child to be eligible to play up if needed? Please circle YES NO & Parent Initial \_\_\_\_\_

**LEAGUE WAIVER**

In consideration of your accepting this entry I/we, the undersigned intending to be legally bound hereby for myself, my heirs, executors and administrators, waive and release any and all claims for damages I/we may have against the Madison Park Girls Softball Association d/b/a Madison Park Girls Softball League, individual coaches and instructors, and league and/or event sponsors for all injuries suffered by said participant at these events.

\*\* Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail registrations to: Madison Park Girls Softball, PO Box 5162, Old Bridge, NJ 08857**

**LEAGUE USE ONLY:**

Amount Paid: \$ \_\_\_\_\_ Check # \_\_\_\_\_ Taken By: \_\_\_\_\_  
 Number of Players in Family Plan: \_\_\_\_\_ Birth Certificate: Y or N Date Received: \_\_\_\_\_