

# TINTON FALLS GIRLS SOFTBALL LEAGUE 2010 REGISTRATION

## Registration Dates & Locations:

Date	Time	Location
Sat. January 9 <sup>th</sup>	10:00 AM – 3:00 PM	Tinton Falls Middle School – Old Gym
Mon. January 11 <sup>th</sup>	6:00 PM – 8:00 PM	Tinton Falls Library
Sat. January 16 <sup>th</sup>	11:00 AM – 1:00 PM	Tinton Falls Middle School – Old Gym
Wed. January 20 <sup>th</sup>	6:00 PM – 8:00 PM	Wayside Firehouse (2 Volunteer Way, Tinton Falls)
Sat. January 23 <sup>rd</sup>	11:00 AM – 1:00 PM	Tinton Falls Middle School – Old Gym
<i>Completed forms may also be dropped off at the Tinton Falls Recreation Department</i>		

## Registration:

- Complete the Registration form on the other side of this flyer and drop it off at one of the above locations
- Make check payable to "Tinton Falls Girls Softball League"
- New players must include a copy of their birth certificate when submitting registration form
- When calculating registration fees, a player's age as of December 31, 2009 determines her division for 2010
- **There is a \$15 discount for registering a 2<sup>nd</sup> and 3<sup>rd</sup> child, and a \$250 cap per family!**
- ***NEW FOR 2010 SEASON!!! – REGISTER BY JANUARY 16<sup>th</sup>, 2010 FOR A \$10 DISCOUNT PER CHILD!!!!***
- Registration is not complete until fee is paid. Any child registering after Saturday, January 23<sup>rd</sup>, 2010 may be placed on a waiting list

### Fees by division:

8U (7 & 8 year olds): \$85.00  
 10U (9 & 10 year olds): \$100.00  
 12U (11 & 12 year olds): \$110.00  
 14U (13 & 14 year olds): \$110.00

\*\*\* ***TFGSL – SAME LOW*** \*\*\*  
 \*\*\****COST AGAIN IN 2010!!!!***\*\*\*

## About the TFGSL

Games are played within town, and against neighboring towns, using modified ASA youth softball fastpitch rules. Practice days are at the discretion of the coach. Game days for each division are:

**8U** Wednesday nights and Saturdays  
**12U** Tuesday nights and Saturdays

**10U** Thursday nights and Saturdays  
**14U** Wednesday nights and Saturdays

**If you have any questions about the softball program,  
 email [tfsoftball@gmail.com](mailto:tfsoftball@gmail.com) or go to [tintonfallssoftball.weebly.com](http://tintonfallssoftball.weebly.com)**

# TFGSL REGISTRATION FOR 2010 SEASON

## Player Information

Name: \_\_\_\_\_ School / Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Uniform Sizes: **Pants** S M L XL Youth or Adult **Shirt** S M L XL Youth or Adult

Time Conflicts: (Day(s) of the week player is unavailable to practice): \_\_\_\_\_

Please note any physical/medical conditions the league or coach should be aware of: \_\_\_\_\_

Other information the league should be aware of prior to the season? (TFGSL will try to comply with requests but cannot offer guarantees): \_\_\_\_\_

## Contact Information:

<b>Father/Guardian Information</b>	
Name: _____	
Address: _____	
City: _____	Zip _____
Home Phone: _____	
Cell Phone: _____	
E-Mail: _____	

<b>Mother/Guardian Information</b>	
Name: _____	
Address: _____	
City: _____	Zip _____
Home Phone: _____	
Cell Phone: _____	
E-Mail: _____	

Emergency Contact Information: \_\_\_\_\_

Parents/Guardians Volunteer! The TFGSL needs help with the following activities. Please note the name of parent volunteering next to the activity. All coaches must complete Rutgers S.A.F.E.T.Y. certification before taking the field. Proof of certification will be required. Go to [youthsports.rutgers.edu](http://youthsports.rutgers.edu) for more information. New coaches must also submit to a background check.

Head Coach: \_\_\_\_\_ Training: \_\_\_\_\_  
 Asst Coach: \_\_\_\_\_ Field Maintenance: \_\_\_\_\_  
 Fund Raising: \_\_\_\_\_ Other: \_\_\_\_\_

**I permit the above mentioned girl to participate in the Tinton Falls Girls Softball League (TFGSL) program and all its activities. I know that participation may result in serious injuries and protective equipment does not prevent all injuries to players. I agree to hold harmless the TFGSL, its sponsors, players, coaches, volunteers, and board members, and the Borough of Tinton Falls, its employees and volunteers, from any claim arising out of any injury to my child or ward while participating in the activities whether the result of negligence or for any other cause. No refunds will be issued after January 30<sup>th</sup>, 2010.**

Parent / Guardian Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

### ----- LEAGUE USE ONLY -----

Check	Amt:	Check #	Received			
Cash			By:			
Birth date		Age as of 12/31/09		2010 Division		
				8U	10U	12U
Played previously?		If player is new to league, a copy of birth certificate must be attached.				
Yes		Checked by:				
No						