

FAIR LAWN ALL-SPORTS

WINTER - SOFTBALL CLINICS

2019 - 2020

REGISTRATION FORM

www.flallsports.org

Last Name _____ First Name _____

Address _____

Telephone # _____ Email Address _____

Birth Date _____ Age _____ Grade _____

Emergency Contact & Telephone # _____

I accept full responsibility for any injury sustained by my child resulting from training, competitive play, travel to and from workouts, or other aspects of her participation in the Winter Softball Open Workouts. I hereby give permission for the above named player to participate in this All-Sports program. I understand that any injury must be reported to the recreation office (201-796-6746) and insurance coverage is secondary to my primary insurance coverage. My signature also confirms that my child, myself and my family acknowledge the guidelines of the Fair Lawn All-Sports Code of Conduct and agree to follow them.

Parent/Guardian Signature

Date

Waiver valid for all clinics in January and February 2020