

BERKLEY MOMS CLUB SOFTBALL 2011 REGISTRATION FORM

Registration Dates: Wednesday, March 2nd and Saturday, March 5th

Any player who registers **after these dates** must register with the Czar and will be put on a waiting list.

CZARS: Little Sluggers: Paige Dillion @ 248-543-3141; Elementary: Sue Wassenberg @ 248-515-5133

Jr. High: Corrie Campbell @ 248-255-6263; High School: Darla Brandon @ 248-632-7037

Division: Little Sluggers _____ Elementary _____ Jr. High _____ High School _____
(mark one) Grades 1st & 2nd Grades 3rd - 5th Grades 6th - 8th Grades 9th - 12th

Last Years Team _____ Team/Friend Request _____

NOTE: Teams/Players may change dependent on registration volume.

Player Name _____ Phone(____) _____ Birthdate _____

Address _____ City _____ School _____ Grade _____
month/day/year

Email _____ Alternate Phone Numbers _____

Any physical condition the team mgr. should be aware of? _____

Parent/Guardian Information:

Mother _____ Address _____ Phone _____ Work _____

Father _____ Address _____ Phone _____ Work _____

Are you willing to help? Yes / No

Interested in helping? (please circle one) manage, coach, scorekeeper, umpire, other _____

Uniform: Shirt Size: youth: medium (10-12), large (14-16) **adult:** small, medium, large, x-large

Pants/Short Size: youth: small, medium, large, x-large **adult:** small, medium, large, x-large

(Order shirts carefully, not returnable. Parents responsible for the cost of replacement shirts.)

The player's last name can be printed on the back of the shirt (Elementary & Jr. High only) for an additional charge of \$2.00. If yes: _____ **(print carefully)**

RELEASE

I release Berkley Moms Softball Club (BMC) and the City of Berkley from any responsibility for the injuries sustained by my child while playing on the BMC league. I understand that I am responsible for insurance and health costs incurred, due to my child's participation in softball during the 2011 season. In case of emergency my child's manager will notify me immediately or notify the person listed below. I also understand that, if necessary, my child will be transported to Beaumont Hospital, Royal Oak at my cost, for any necessary treatment.

Parent/Guardian(sign) _____ Date _____

Emergency Contact (parent is not available) _____ Phone _____ -

Candy Fundraiser Policy: All children must participate in the candy fundraiser or pay a \$26.00 fee to be excluded. Payment for the candy fundraiser of \$52.00 must be made in advance. You will pay up front for the candy and then keep all funds you receive from candy sales.

DO NOT WRITE BELOW THIS LINE

No child will be denied due to registration fees. Contact BMC Treasurer, Judy Harbert @ 248-318-6503, for more information.

Circle

Little Sluggers	\$40 (no fundraiser)		
Elementary	\$65	No candy selling	\$26
Jr. High	\$75 - (without pants \$70)	Selling Candy	\$52
High School	\$95	Name on Shirt	\$2.00
3rd family member free but must participate in fundraiser		Total	_____

Check # _____ Cash, Amount _____

Make checks payable to BMC or Berkley Moms Club