

Grade: Kindergarten & 1st Grade - Girls Only

Girls currently in Kindergarten and 1st Grade are invited to take part in the exciting Softball Clinic at the Boys & Girls Clubs of Northwest New Jersey Wayne Unit!

- ✓ Clinic meets once a week on Friday evenings!
- ✓ Emphasis will be placed on skill development!
- ✓ Short games will be played at each clinic meeting!

Season runs from April through June! REGISTER NOW!!!

Registration Deadline MARCH 10, 2018

Registration Fee: \$65 per child

All correspondence will be sent by e-mail. Please provide e-mail addresses on back

A \$ 5 LATE FEE WILL BE CHARGED AFTER REGISTRATION DEADLINE. THE \$5 FEE WILL BE ASSESSED ONCE PER REGISTRATION. NO REFUNDS WILL BE ISSUED AFTER REGISTRATION HAS BEEN COMPLETED. A \$5 FEE WILL BE CHARGED FOR ALL REFUNDS PRIOR TO THE CLOSE OF REGISTRATION. A FAMILY DISCOUNT OF 10% WILL BE GIVEN FOR 3 OR MORE CHILDREN REGISTERED FOR THE SAME PROGRAM

Sr. League (grades 6-9) Girls Softball will be run by the Wayne Parks & Recreation Department.

For more information, please call (973) 694-1800.

Mail Registration to:
Boys & Girls Clubs of Northwest New Jersey
Wayne Unit
153 Garside Ave.
Wayne, NJ 07470
www.bgcnwnj.org
www.facebook.com/bgcnwnj
Not a school sponsored event

Boys & Girls Clubs of Northwest New Jersey Wayne Unit 2018 Kindergarten & 1st Grade Girls Softball

| Child's Name: | Date of Birth: Age: Grade: _ State: Zip: Gender: | | | | | | | | | |
|---|--|-----------|------------|---------------|------------|--------------|------------|---------------------------|--|--|
| Address: | | | | | | | | | | |
| City: | State: _ | | Zip: | | G | ender: _ | | | | |
| Home Phone:F | Emerge | ency Ph | one & | Contact: | : | | | | | |
| Email Address: | | | | - | | | | | | |
| T-Shirt Size (please circle one): | YS | YM | YL | YXL | AS | AM | AL | AXL | | |
| Where did you receive this flyer? | | | | | | | | | | |
| Parent/Guardian Information: | | | | | | | | | | |
| | Work E-mail | | | | | | | | | |
| Business Name/Address: | | | | | | | | | | |
| Business Phone: | | | | | | | | | | |
| Father's Name: | Work E-mail | | | | | | | | | |
| Business Name/Address: | | | | | | | | | | |
| Business Phone: | | | | | | | | | | |
| are \$100 and are tax deductible. Y team t-shirts. | | — — | | act person | | | <u> </u> | æ rosters, and | | |
| company of sponsor name | | | com | uet person | cc phoi | | | | | |
| company or sponsor address | | _ | | | | | | | | |
| Coaches: We need coaches! If you are i | ntereste | d, please | fill in t | he informa | ation be | low. | | | | |
| name | | phone | | | | | | | | |
| I hereby give consent for my child to participate in participation in this and any other Boys & Girls Charmless the Boys & Girls Clubs of NWNJ, Inc. its Boys & Girls Clubs of NWNJ activities. | ubs of NW | NJ progra | m in whic | h my child n | nay partic | ipate. I rel | ease, inde | mnify and agree to hold | | |
| By my signature, I attest to the following: | | | | | | | | | | |
| That the above information is corn That in the event of a medical emain as deemed necessary by the Direct | ergency, I | authorize | the Boys & | & Girls Clubs | s of NWN | IJ to seek e | mergency | medical care for my chile | | |
| (Signature of Parent or Guardian) | | | | | (Date) | | | | | |