Travel Team Fast Pitch softball is a more

competitive and intensive program intended for

players who have the desire and dedication to

play at a higher level. For 2016 we will have a Travel “A” & “B” program. Travel “A” Divisions: 10U, 11U, 12U, 14U, and 16U. Travel “B” divisions 10U, 12U, 14U. For both 10U

Division teams all travel players are

required to participate in the house league

program. 11U, 12U “A” & 14U “A” will not participate in the house league program. 12U “B” & 14U “B” will be allowed to play in house rec. The Newtown travel teams

may participate in the Babe Ruth Softball and the

Fairfield County Fast Pitch Softball League with

about half of the games being held in Newtown

and the remainder in other towns in Fairfield and

Litchfield Counties. The 12U, 14U, and 16U Division

Teams may also participate in the Central Valley

Fast Pitch League, with games in New Haven

County as well. This form and further information is

also available on the Newtown Softball website:

[www.newtownsoftball.org](http://www.newtownsoftball.org).

* Coaching – Paid Head Coaches for “A” program at the 11u-16u levels. 10u may have a parent Head Coach although a paid Head Coach is preferred. Travel “B” may also have a parent head coach if necessary.
* Cost – U10 “A” w/o Paid Head Coach $525 or

 U10 “A “ w/ Paid Head Coach $775 **TBD**

 U10 “B” $425

 U11 “A” $875

 U12 “A” $875

 U12 “B” $450

 U14 “A” $875

 U14 “B” $450

 U16 “A” $925

**\*\*ALL THE COST ARE FIGURED BEFORE ANY TEAM FUNDRAISING, EACH TEAM KEEPS OWN FUNDRAISING\*\***

**All Cost are based on a 12 person roster, which may vary**

* Eligibility – Age as of Jan 1, 2016. **10U Team** – Birth Years 2005-2006, 11U Team Birth Year 2004, **12U Team** – Birth Year 2003-2004, **14U Team** – Birth Year 2001,2002 **16U Team** – Birth Years 1999-2000.
* Tournaments – Each travel team may participate in the Babe Ruth Tournament as well as the Fairfield County Fast Pitch League Tournament in July as well as other tournaments (i.e. USSSA, Southington, etc.). The 11U,12U, 14U, and 16U teams will play in at least 2-3 other tournaments. The 11U, 12U, 14U and 16U teams may also play in the CVFL league tournament providing it does not conflict with the FCFSL or BR tournaments. Tournament dates will be posted on the website in the spring once scheduled.
* Fundraising – All Travel Players and/or Parents will be **required** to do fundraising activity prior to and during the season. All money raised by each team will stay with that team and not be shared.
* Tryouts – The completed forms can be downloaded from the website and brought to the tryouts. Forms will also be available for completion at tryouts. Additionally, we ask that you register online for the tryouts; there is no fee for **tryouts**. This registration/application does not commit you to play. Please do not sign up to participate in a travel softball program if you are uncomfortable with your child being involved in an evaluation and selection process. ***PARENTS: Please arrive on time for registration so that evaluations can start on time and please pick up your daughter promptly at the end of the session.***
* Tryout Schedule –For both A & B Divisions. Aug 30th will be the makeup date. Only need to attend once.

**U10 Division : Newtown M.S.**

Sun 8/23 & 30 8:00-8:15am Registration

8:15-9:30am Tryouts

**U11/U12 Division: Newtown M.S.**

Sun 8/23 & 30 9:30-9:45am Registration

9:45-11:00pm Tryouts

**U14/U16 Division: Newtown M.S.**

Sun 8/23 &30 11:00-11:15am Registration

11:15-12:30pm Tryouts

* Season

**Travel “A” teams** will begin to practice as early as Sept. and end in late July. They will play 25-30 regular season games plus tournament games. Travel “A” will have 8 team practices in the winter months.

**Travel “B” teams** will began playing April 1st and end in late July. They will play about 15-20 games plus tournaments.

**Mission Statement:** Our Board of Directors, Travel Director, and coaches are committed to creating an environment of competitive softball in which young players can learn, grow and be challenged. Our teams will develop a winning attitude by being dedicated, focused and always striving to do their personal best.

**Philosophy:** Our teams will compete in competitive softball leagues and our goal will be to win as many games as possible. We will focus on excelling at all aspects of the game while earning our victories with honor. We will treat our opponents with respect and display good sportsmanship at all times.

Every player on our teams must adhere to the team rules. We as coaches must also adhere to the rules of the game. **During all games there will be players sitting out. Everyone on our teams will play throughout the season however, not everyone will play the same amount of time. Every effort will be made to make sure girls play in each game; however, with mercy-rule games, weather, and other circumstances, this will not always be possible.** By choosing to be a member of a Newtown Travel Softball Team you are accepting the challenge of becoming a better softball player. During the early part of the season, there will be 1 to 2 practices/games per week. As the in-house league wraps up for those divisions playing inhouse, travel may increase to 3 to 4 days per week, including most weekends. (Travel B will only be 2 to 3 days a week)

**Player Contract:** By signing this document, I acknowledge that I am aware of the team rules and philosophies of the Newtown Travel Softball program. I understand that everyone on the team will not get the same amount of playing time. I accept the challenge of becoming a better ball player.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Player’s Signature Date

**Parent Contract:** By signing this document, I acknowledge that I am aware of the team rules and philosophies of the Newtown Travel Softball program. I understand that everyone on the team will not get the same amount of playing time.

**Registration Fee**: The registration fee once established and posted on the website www.newtownsoftball.org, will be due and payable as follows;

*Payment can be made online or by check to: Newtown Babe Ruth Softball League/NBRSL*

**Down Payment of $250 due by September 15th, 2015**

**Balance due on/before March 1st, 2016**

**Special Arrangements maybe made upon request**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature Date

***NEWTOWN BABE RUTH SOFTBALL LEAGUE, INC.***

 ***2016 TRAVEL REGISTRATION FORM – 16U***

PLAYER’S NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF BIRTH:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/GUARDIAN #1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE(H):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE(M): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/GUARDIAN #2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE(H):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE(M): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY CONTACT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOES YOUR CHILD HAVE ANY SPECIAL CONDITIONS (i.e. ALLERGIES, DISABILITIES):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Games and tournament scheduling will take place in late winter, early spring.***

PLEASE INDICATE INABILITY TO ATTEND ANY PARTICULAR DATES DURING THE PREVIOUSLY DESCRIBED SEASON (**schedule TBD**):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Commitment: Each player will commit to 100% participation during the Travel Season (April 1-July 31). This is inclusive of all practices, games and tournaments.***

***Inability to meet this commitment, regardless of reason, may prohibit selection for the Travel Team at the point of registration/application. Additionally, a player's failure to meet this standard during the season, regardless of reason, may affect play time during subsequent games and tournaments.***

***The Head Coach of each division will be required to convey the team rule(s) and sanctions regarding this section at the onset of the travel season. At no time will any sanction exceed sitting out for one full game for each, individual absence.***

WAIVER OF LIABILITY: I, player’s parent/guardian, hereby give my consent for my child’s participation in the NEWTOWN BABE RUTH SOFTBALL LEAGUE, INC. travel softball program. I agree to release, indemnify and hold harmless NEWTOWN BABE RUTH SOFTBALL LEAGUE, INC., its officers, directors, coaches and representative and the Town of Newtown, from any claim or liability involving any injury to a player arising out of travel softball activities.

PARENT/GUARDIAN SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***NEWTOWN BABE RUTH SOFTBALL LEAGUE, INC.***

 ***2016 TRAVEL REGISTRATION FORM – 14U***

**“A” Team\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or “B” Team\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

PLAYER’S NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF BIRTH:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/GUARDIAN #1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE(H):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE(M): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/GUARDIAN #2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE(H):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE(M): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY CONTACT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOES YOUR CHILD HAVE ANY SPECIAL CONDITIONS (i.e. ALLERGIES, DISABILITIES):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Games and tournament scheduling will take place in late winter, early spring.***

PLEASE INDICATE INABILITY TO ATTEND ANY PARTICULAR DATES DURING THE PREVIOUSLY DESCRIBED SEASON (**schedule TBD**):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Commitment: Each player will commit to 100% participation during the Travel Season (April 1-July 31). This is inclusive of all practices, games and tournaments.***

***Inability to meet this commitment, regardless of reason, may prohibit selection for the Travel Team at the point of registration/application. Additionally, a player's failure to meet this standard during the season, regardless of reason, may affect play time during subsequent games and tournaments.***

***The Head Coach of each division will be required to convey the team rule(s) and sanctions regarding this section at the onset of the travel season. At no time will any sanction exceed sitting out for one full game for each, individual absence.***

WAIVER OF LIABILITY: I, player’s parent/guardian, hereby give my consent for my child’s participation in the NEWTOWN BABE RUTH SOFTBALL LEAGUE, INC. travel softball program. I agree to release, indemnify and hold harmless NEWTOWN BABE RUTH SOFTBALL LEAGUE, INC., its officers, directors, coaches and representative and the Town of Newtown, from any claim or liability involving any injury to a player arising out of travel softball activities.

PARENT/GUARDIAN SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***NEWTOWN BABE RUTH SOFTBALL LEAGUE, INC.***

 ***2016 TRAVEL REGISTRATION FORM – 12U***

**“A” Team\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or “B” Team\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

PLAYER’S NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF BIRTH:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/GUARDIAN #1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE(H):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE(M): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/GUARDIAN #2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE(H):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE(M): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY CONTACT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOES YOUR CHILD HAVE ANY SPECIAL CONDITIONS (i.e. ALLERGIES, DISABILITIES):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Games and tournament scheduling will take place in late winter, early spring.***

PLEASE INDICATE INABILITY TO ATTEND ANY PARTICULAR DATES DURING THE PREVIOUSLY DESCRIBED SEASON (**schedule TBD**):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Commitment: Each player will commit to 100% participation during the Travel Season (April 1-July 31). This is inclusive of all practices, games and tournaments.***

***Inability to meet this commitment, regardless of reason, may prohibit selection for the Travel Team at the point of registration/application. Additionally, a player's failure to meet this standard during the season, regardless of reason, may affect play time during subsequent games and tournaments.***

***The Head Coach of each division will be required to convey the team rule(s) and sanctions regarding this section at the onset of the travel season. At no time will any sanction exceed sitting out for one full game for each, individual absence.***

WAIVER OF LIABILITY: I, player’s parent/guardian, hereby give my consent for my child’s participation in the NEWTOWN BABE RUTH SOFTBALL LEAGUE, INC. travel softball program. I agree to release, indemnify and hold harmless NEWTOWN BABE RUTH SOFTBALL LEAGUE, INC., its officers, directors, coaches and representative and the Town of Newtown, from any claim or liability involving any injury to a player arising out of travel softball activities.

PARENT/GUARDIAN SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***NEWTOWN BABE RUTH SOFTBALL LEAGUE, INC.***

 ***2016 TRAVEL REGISTRATION FORM – 11U***

PLAYER’S NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF BIRTH:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/GUARDIAN #1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE(H):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE(M): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/GUARDIAN #2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE(H):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE(M): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY CONTACT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOES YOUR CHILD HAVE ANY SPECIAL CONDITIONS (i.e. ALLERGIES, DISABILITIES):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Games and tournament scheduling will take place in late winter, early spring.***

PLEASE INDICATE INABILITY TO ATTEND ANY PARTICULAR DATES DURING THE PREVIOUSLY DESCRIBED SEASON (**schedule TBD**):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Commitment: Each player will commit to 100% participation during the Travel Season (April 1-July 31). This is inclusive of all practices, games and tournaments.***

***Inability to meet this commitment, regardless of reason, may prohibit selection for the Travel Team at the point of registration/application. Additionally, a player's failure to meet this standard during the season, regardless of reason, may affect play time during subsequent games and tournaments.***

***The Head Coach of each division will be required to convey the team rule(s) and sanctions regarding this section at the onset of the travel season. At no time will any sanction exceed sitting out for one full game for each, individual absence.***

WAIVER OF LIABILITY: I, player’s parent/guardian, hereby give my consent for my child’s participation in the NEWTOWN BABE RUTH SOFTBALL LEAGUE, INC. travel softball program. I agree to release, indemnify and hold harmless NEWTOWN BABE RUTH SOFTBALL LEAGUE, INC., its officers, directors, coaches and representative and the Town of Newtown, from any claim or liability involving any injury to a player arising out of travel softball activities.

PARENT/GUARDIAN SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***NEWTOWN BABE RUTH SOFTBALL LEAGUE, INC.***

 ***2016 TRAVEL REGISTRATION FORM – 10U***

**“A” Team\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or “B” Team\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

PLAYER’S NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF BIRTH:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/GUARDIAN #1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE(H):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE(M): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/GUARDIAN #2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE(H):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE(M): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY CONTACT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOES YOUR CHILD HAVE ANY SPECIAL CONDITIONS (i.e. ALLERGIES, DISABILITIES):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Games and tournament scheduling will take place in late winter, early spring.***

PLEASE INDICATE INABILITY TO ATTEND ANY PARTICULAR DATES DURING THE PREVIOUSLY DESCRIBED SEASON (**schedule TBD**):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Commitment: Each player will commit to 100% participation during the Travel Season (April 1-July 31). This is inclusive of all practices, games and tournaments.***

***Inability to meet this commitment, regardless of reason, may prohibit selection for the Travel Team at the point of registration/application. Additionally, a player's failure to meet this standard during the season, regardless of reason, may affect play time during subsequent games and tournaments.***

***The Head Coach of each division will be required to convey the team rule(s) and sanctions regarding this section at the onset of the travel season. At no time will any sanction exceed sitting out for one full game for each, individual absence.***

WAIVER OF LIABILITY: I, player’s parent/guardian, hereby give my consent for my child’s participation in the NEWTOWN BABE RUTH SOFTBALL LEAGUE, INC. travel softball program. I agree to release, indemnify and hold harmless NEWTOWN BABE RUTH SOFTBALL LEAGUE, INC., its officers, directors, coaches and representative and the Town of Newtown, from any claim or liability involving any injury to a player arising out of travel softball activities.

PARENT/GUARDIAN SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_