

# 2011 RECREATIONAL BASEBALL REGISTRATION

Upper Saddle River Baseball Association, Inc.

P.O. Box 42, Saddle River, New Jersey 07458

Registration fees are as follows:

Recreation only players: \$175 per child grades 1 through 6 (includes winter training sessions)

\$125 per child grades 7 through 9

\$100 per child in Kindergarten (which includes USR Junior Kindergarten)

USR Travel Players: \$375 for spring or summer season only (Includes the Recreational Baseball Fee)

\$475 for both spring and summer seasons. (Includes the Recreation Baseball Fee)

**For families registering three children or more, there will be a \$25 discount per child.**

**Checks made payable to: USR Baseball Association**

**A LATE FEE OF \$40.00 SHALL APPLY TO FORMS RECEIVED AFTER JANUARY 31, 2011**

**PLEASE NOTE: REGISTRATIONS WILL NOT BE ACCEPTED AFTER FEBRUARY 15, 2011**

Child's Name: _____	Boy _____	Girl _____	
Present Grade*: _____	Age: _____	Date of Birth: _____	Phone: _____
Address: _____		Upper Saddle River, New Jersey 07458	
E-mail Address: [PRINT CLEARLY] _____			
<b>* PLEASE NOTE THAT JR. KINDERGARTEN AND KINDERGARTEN CHILDREN MUST PARTICIPATE IN T-BALL</b>			
Please list any physical or mental limitations of your child (allergies, hearing, sight, etc.) _____			
Please tell us whether your child participates in other activities that you expect will conflict with baseball: Soccer ___ Hockey ___ Lacrosse ___ Club Baseball ___ Other _____. Describe the commitment for these activities? _____			
<b>If your child participates in any other activities, we ask that you enable him to give priority to recreational baseball. To be eligible for the playoffs, your child must attend at least 60 percent of the total games played by his or her assigned team.</b>			

Parents are urged to participate in at least one of the following activities: *(please check one or more)*

**COACHING:**      **MANAGER\*** \_\_\_\_\_      **ASST. COACH\*** \_\_\_\_\_      **Parent Name:** \_\_\_\_\_

\*Must be certified by Rutgers  
S.A.F.E.T.Y. Program

**COMMITTEES:**      **PICNIC** \_\_\_\_\_      **OPENING DAY** \_\_\_\_\_      **Parent Name:** \_\_\_\_\_

**5th through 8th Grade parents: by registering your child you pledge to serve in the snack bar for at least one game. You will be contacted by the Snack Bar Coordinator before the season begins with your assigned games.**

#### PARENTAL WAIVER AND CONSENT:

As the parent or legal guardian of the child named above, I hereby give my full consent and approval for my child to participate in any and all activities sponsored and conducted by the Upper Saddle River Baseball Association, Inc. I understand that there are certain risks of injury inherent in the practice and play of the sport of baseball, as well as in traveling and other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in the sport of baseball and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in baseball and related league activities, except as listed above. In addition to giving my full consent for my child's participation, I do hereby waive, release and hold harmless the Upper Saddle River Baseball Association, Inc., its officers, directors, coaches, sponsors, supervisors, team helpers, and representatives for any injury that may be suffered by my child in the normal course of participation in baseball activities and the activities incidental thereto, whether the result of negligence or any other cause.

I HAVE READ AND AGREE TO THE PARENTAL WAIVER AND CONSENT ABOVE  
I HAVE READ AND AGREE TO THE CODE OF CONDUCT ON THE USRBASEBALL.COM WEBSITE

Parent/Guardian Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Register Use Only Cash \_\_\_\_\_ Check \_\_\_\_\_ Check# \_\_\_\_\_ Total Amount Paid: \_\_\_\_\_

**FOR MORE INFORMATION OR REGISTER ON-LINE, VISIT WWW.USRBASEBALL.COM**