

**RIDGEFIELD PARK BOARD OF RECREATION**  
**234 MAIN STREET**  
**RIDGEFIELD PARK, NJ 07660**  
**(201) 641-4950 ext. 610 (voicemail)**  
Email: [BarbaraDeLuca@msn.com](mailto:BarbaraDeLuca@msn.com) or [tommy4252@aol.com](mailto:tommy4252@aol.com)

**2010 WOMENS' SOFTBALL REGISTRATION PACKET**  
**COMPLETED PACKET MUST BE RETURNED BY MARCH 18, 2010**

**TEAM NAME:** \_\_\_\_\_ **COLOR:** \_\_\_\_\_

\_\_\_\_\_ Registration forms and fee for each player

\_\_\_\_\_ Number of players on team (please list number)

\_\_\_\_\_ Shirt order form for team

\$15 extra per shirt if coaches' shirts are needed and they are not players

\_\_\_\_\_ Email address for team contact: \_\_\_\_\_

I, as representative of the women's softball team known as \_\_\_\_\_, agree that I have received a copy of the rules for this league and will abide by same. I will make sure every member of my team receives a copy of these rules.

I am aware, and will make all participants aware, that alcohol is prohibited in the parks. The Board of Recreation permit does not include use of alcohol.

The Village has strict guidelines on use of lights at night. Lights must be turned off by 10:00 p.m.

I am aware that all participants for my team have completed their registration form and turned in a registration fee.

I am aware that a mandatory meeting of all teams and the Board of Recreation is scheduled for \_\_\_\_\_ and a representative from my team must attend.

The following are medical conditions for players on this team:

\_\_\_\_\_ No medical conditions for any players on this team.

Medical conditions and player's name:

Name: \_\_\_\_\_ Condition: \_\_\_\_\_

Name: \_\_\_\_\_ Condition: \_\_\_\_\_

Name: \_\_\_\_\_ Condition: \_\_\_\_\_

**ALL INJURIES MUST BE REPORTED TO THE BOARD OF RECREATION PRESIDENT IMMEDIATELY.**

Dated: \_\_\_\_\_

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Team Representative

**THANK YOU FOR YOUR COOPERATION!!**  
**THIS SHOULD HELP THE SEASON RUN MUCH SMOOTHER.**