Roseland Recreation Booster Diamond Club
Summer 2010 Youth Travel Baseball
West Essex Area Boys
(REVISED – LOWER PRICING)

(AGES 16U, 15U, 14U, 13U, 12U, 11U, 10U, 9U, and 8U – CUTOFF 4/30/10)

Mayor John Arvanites

The season will begin in mid-June and run through early August.

Because the level of competition and time involved is great, Travel Baseball requires a big commitment from both the parent and child. There may be (2) practices and (2) games per week during the season. Parents may want to consider having their child only play either Travel Baseball or another sport - not both. If you are planning to miss more than one week during the season due to vacation time, it is imperative that you discuss this with the head coach at the time of the tryouts.

REGISTRATION IS DUE BEFORE THE FIRST TRYOUT.

NO REFUNDS WILL BE GIVEN AFTER THE FIRST TRYOUT IF THE PLAYER SECURES A ROSTER SPOT.

Mail form to: Roseland Recreation Booster Association, Inc., P.O. Box 466 Roseland, NJ 07068
Registration Deadline: *FRIDAY, MAY 7TH* *A COPY OF PLAYER'S BIRTH CERTIFICATE IS REQUIRED*.
***Call Roseland Recreation to see if a copy is on file.* Fee is $200.00 (if uniform needed)**
and $150.00 (with '08 & or '09 Spring, Summer, Fall & or '09,'10 Spring uniform only).
Order replacement uniform items directly from Mike Shannon Sports – 201/572-4207.
Make checks payable to: ROSELAND RECREATION BOOSTER ASSOCIATION, INC
Try-out dates to be announced. Any questions, call Michael Colitti at 973/226-6552.

PLEASE NOTE: ONE FORM PER PARTICIPANT **DETACH HERE** **PLEASE DO NOT WRITE BELOW!**

2010 SUMMER TRAVEL BASEBALL CASH CHECK NO. AMOUNT DATE REC'D.

_____ **BIRTH CERTIFICATE ON FILE**
_____ **$200.00 - I NEED A FULL UNIFORM**
_____ **$150.00 - I HAVE A COMPLETE '08 & or '09 SPRING, SUMMER, FALL and or '10 SPRING**

NAME_____ **E-MAIL ADDRESS**_____

ADDRESS_____ /_____ /_____ / _____
STREET/PO BOX **TOWN** **STATE** **ZIP**

HOME PHONE_____ **EMERGENCY PHONE**_____ **CELL NO.**_____

DATE OF BIRTH _____ **AGE** _____ **GRADE** _____ **SEX**_____

Did your child play last year? Yes ___ No ___ League Last Year? _____ Does your child play another summer sport? Yes _____ No _____

Does your son have any health condition(s) the Roseland Recreation Booster Association, Inc. Staff should know about?
No____ Yes____ Explain_____

THE ROSELAND RECREATION BOOSTER ASSOCIATION, INC. RECOMMENDS THE DISCLOSURE OF RELEVANT HEALTH INFORMATION. UNLESS THE ROSELAND RECREATION BOOSTER ASSOCIATION, INC. IS NOTIFIED IN WRITING, COACHES AND STAFF WILL BE FORWARDED ALL INFORMATION ON THE REGISTRATION FORM INCLUDING HEALTH CONDITIONS.

RECOGNIZING THE POSSIBILITY OF PHYSICAL INJURY ASSOCIATED WITH BASEBALL, AND IN CONSIDERATION OF THE ROSELAND RECREATION BOOSTER ASSOCIATION, INC. AND ITS AFFILIATES ACCEPTING THE REGISTRANT FOR ITS BASEBALL PROGRAMS AND ACTIVITIES (THE "PROGRAMS"), I HEREBY RELEASE, DISCHARGE AND/OR OTHERWISE INDEMNIFY THE ROSELAND RECREATION BOOSTER ASSOCIATION, INC, ITS AFFILIATED ORGANIZATIONS AND SPONSORS, THEIR EMPLOYEES AND ASSOCIATED PERSONNEL, INCLUDING THE OWNERS OF ANY FACILITIES UTILIZED FOR THE PROGRAMS, AGAINST ANY CLAIM BY OR ON BEHALF OF THE REGISTRANT'S PARTICIPATION IN THE PROGRAMS AND/OR BEING TRANSPORTED TO OR FROM THE SAME, WHICH TRANSPORTATION I HEREBY AUTHORIZE. MY CHILD HAS RECEIVED A PHYSICAL EXAMINATION BY A PHYSICIAN AND HAS BEEN FOUND PHYSICALLY CAPABLE OF PARTICIPATING IN THE PROGRAMS.

THEREFORE, I GRANT THE COACHING STAFF PERMISSION TO ACT AS MY SURROGATE FOR MY CHILD IN THE AREA OF OBTAINING MEDICAL TREATMENT BY A DOCTOR OF MEDICINE OR DENTISTRY. I ALSO ASSUME THE FINANCIAL RESPONSIBILITY FOR ANY MEDICAL TREATMENT FOR MY CHILD.

_____
SIGNATURE (PARENT/GUARDIAN) **DATE**

PARENTAL ASSISTANCE:
NAME _____ HOME PHONE_____WORK PHONE _____
CELL PHONE _____ EMAIL ADDRESS _____ EMERGENCY PHONE _____

COACHING _____ SPONSORSHIP _____
ROSELAND RECREATION BOOSTERS MEMBERSHIP _____ SNACK SHACK VOLUNTEER_____ _