

# Saddle River Valley Women's Summer Softball League 2008

Contact: Cristin Turcina (201) 757-8406  
SRV Women's Softball League, 17 Goodwin Terrace, Westwood 07675

REGISTRATION FORM – DEADLINE Friday May 30, 2008

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

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

DOB: \_\_\_\_\_

EMAIL: \_\_\_\_\_

REGISTRATION FEE: **\$45.00** Checks payable to USR Women's Softball League.

- 1 You must be at least 21 years of age to participate.
- 2 Newcomers to the league are always welcome.

I would like to be on \_\_\_\_\_'s team.

### Fielding skills:

- A I can pretty easily field the ball when it comes near me
- B I usually field the ball when it comes near me
- C The ball gets by me most of the time

### Hitting skills:

- A I usually get a solid hit and get on base
- B I sometimes get on base, my batting is okay
- C I'm not very good at batting

### Throwing skills:

- A I can accurately throw the ball from third to first or from the outfield to home
- B I can accurately throw the ball from shortstop to first base
- C I don't have a very strong arm

Positions I am good at AND I would like to play are (select as many as apply):

- Pitcher
- Third base
- Shortstop
- Catcher
- Outfield
- First base
- Second base

### **WAIVER AND CONSENT**

I agree to abide by the rules and regulations of the league. I also agree to adhere to the league's philosophy which was created to provide, and is characterized by, a spirit of friendliness, fun, and community interaction. I agree to make every effort to commit to full participation and attend as many games as possible (Tuesday evenings at 6:00 p.m., Lions Park in USR, June 24 – August 12).

**IMPORTANT: Since this is an 8 game season,  
DO NOT SIGN UP IF YOU WILL MISS TWO OR MORE GAMES**

I understand that there are certain risks of injury inherent in the practice and play of this sport. I am willing to assume these risks. I hereby certify that I am fully capable of participating in this sport and that I am healthy and have no physical or mental disabilities or infirmities that would restrict full participation in these activities.

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

Please mail back the form and \$45.00 fee to the address at the top **by May 30th**.

Use the back to let us know of any conflicts you might have. Comments are welcome too.