Portland Recreation Department
Grades 3 – 8 Girls Softball
Spring 2010

Parents:

It is your responsibility to transport your child to and from each game and practice.

If your child is new to the program or is moving from one division to another they will be drafted at the coaches meeting.

This form must be filled out, signed and returned with your entry fee NO LATER THAN 5:00 p.m. on **Thursday, April 1, 2010**. Late arrivals WILL NOT PARTICIPATE. Send forms and checks to: Recreation Department, 259 Kent Street, Portland, Michigan 48875 or return to the Portland City Hall.

We will be looking for volunteer coaches for this program. If anyone is interested in coaching please indicate so on this registration form.

If you have any questions or comments about this program please contact Neil at the Recreation Office at 517.647.3207.

Each team will play two games a week for 5 weeks, giving them a total of 10 games. The games will be played on **Monday, Tuesday, Wednesday and Thursday evenings, beginning the week of May 17, 2010**

Resident of the City of Portland & Portland Township.....$20.00
Resident of all other Townships in the Portland Public School District.....$25.00
Residents who live outside the Portland School District.....$30.00
The registration fee includes a team shirt

Grades 3 – 8 Girls Softball
Registration Form Spring 2010

Name_____ Age____Grade_____ Birth date_____

Address_____ Phone_____

City & Zip Code_____

Email (city rec. use only)_____

I live in the city: Yes or No I live in the Township of_____

I want to coach? Yes or No If yes, name: _____

Did you play last year? Yes or No If yes, what team?_____

Are you a PITCHER (7 & 8 Grade ONLY)? Yes or No

If yes, how many years have you pitched?_____

Divisions (Circle One):

Division 1: 3rd & 4th graders currently

Division 2: 5th & 6th graders currently

Division 3: 7th & 8th graders currently

I hereby for myself, my heirs, executors and administrators waive and release any and all rights and claims for damages I may have against the City of Portland, their respective agents and or any facility used for this recreation program, for any and all injuries which may be suffered by my dependents in connection with my participation in said program. I further understand that the City does not provide such insurance coverage for me.

Signature of parent or legal guardian:_____

Please print your name:_____