

# SOUTH JERSEY HOME SCHOOL SPORTS

## 2009 SPRING TEE-BALL & SOFTBALL REGISTRATION

April 2 to May 21, 2009	Tabernacle	Thursday
April 2 to May 21, 2009	Mt. Holly	Thursday
April 2 to May 21, 2009	Cinnaminson	Thursday

**Practices: 1:30 to 3:00 PM (Tabernacle practice: 1:00 to 3:00 PM) / Games: 1:00 to 3:00 PM**  
 You may use one form for all your children. Send it in early to hold your spot: **(20 children per team is the limit.)**  
**Note:** Children should be 5 years old to be a part of the Sports Program.

**Level 1 Tee-Ball (ages 5-7); Level 2 (ages 8-9); Level 3 (ages 10-12); Level 4 (ages 13 & up)**  
 All players should have a ball glove, ball cap, and cleats if possible, (no metal cleats). Softball/Tee-ball and bat are optional. Early registration will assist us in the purchase of equipment, insurance, use of the field, and secure your child's place on the team. Registration Fee cap of \$28 per family. **Send registration form, \$7.00 per child, with check made out to either: Tabernacle Home School Sports, David Rockhill, or Vince Di Stefano.**

<b>To play in Tabernacle:</b>	<b>To play in Mt. Holly:</b>	<b>To play in Cinnaminson:</b>
Patty Bowker Fields/Park,	Iron Works/MillDam Park	Wood Park
Patty Bowker Rd. on Thursday;	Pine Street on Thursday;	Riverton Road on Thursday;

<b>Tabernacle Home School Sports</b>	<b>David Rockhill</b>	<b>Vince Di Stefano</b>
<b>11 Lee Drive</b>	<b>336 West Union Street</b>	<b>700 Chapel Road</b>
<b>Tabernacle, NJ 08088</b>	<b>Burlington, NJ 08016</b>	<b>Cinnaminson, NJ 08077</b>
609-268-7828	609-386-2737	856-829-4595
<a href="mailto:wayneandjeanette@comcast.net">wayneandjeanette@comcast.net</a>	<a href="mailto:rutharock@yahoo.com">rutharock@yahoo.com</a>	<a href="mailto:vince.sheryl@juno.com">vince.sheryl@juno.com</a>

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Circle one:      **Tabernacle**      **Mt. Holly**      **Cinnaminson**

**2009 SPRING SOFTBALL & TEE BALL, SOUTH JERSEY HOME SCHOOL SPORTS REGISTRATION**

Child(ren)'s Name(s): \_\_\_\_\_  
 Age(s), Birth Date(s) \_\_\_\_\_  
 and playing Level: \_\_\_\_\_

Names of Parents: \_\_\_\_\_

Address \_\_\_\_\_  
 (Street, City, State & Zip Code)

Phone# \_\_\_\_\_/cel# \_\_\_\_\_

**E-mail** \_\_\_\_\_

Indicate specific allergies, chronic illnesses or other medical conditions coaches should be aware of:

I hereby waive the townships, homeschool groups, South Jersey Home School Sports, and all volunteers and participants of any legal responsibility due to damages or injuries that may occur during the sports program. I am responsible for my child(ren). I or someone that I have appointed, must remain on premises while my child(ren) are participating in the sports program. If I am not staying, I must give the coaches/assistants the name of the person who has been designated to be responsible for my child(ren).

In case of emergency, I hereby authorize treatment for the above-mentioned child(ren) by a qualified and licensed medical doctor who has determined that the injury may endanger my child's life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me. The insurance provided to our program will only cover property damage liability to the township. If your child is hurt, your personal medical insurance must cover your child.

Other person to contact in case of emergency: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

**Parent's Signature** \_\_\_\_\_

**We need coaches in order to offer this activity! Are you willing to help?**

To coach: yes \_\_\_\_\_ no \_\_\_\_\_ which Level \_\_\_\_\_      Watch children and toddlers  
 To assist: yes \_\_\_\_\_ no \_\_\_\_\_ which Level \_\_\_\_\_      for others to coach: yes \_\_\_\_\_ no \_\_\_\_\_