



Town of Red Hook Summer Tee Ball/Softball League

NEW IN 2010 - ALL GAMES WILL BE PLAYED AT THE
RED HOOK RECREATION PARK

Coed Softball Ages 8-14 plays on Tuesday Nights:
July 6, 13, 20, 27; August 3 & 10, 2010
Time: 6:00 p.m. - 8:00 p.m.

Coed Tee Ball Ages 4-7 plays on Wednesday Nights:
July 7, 14, 21, 28; August 4 & 11, 2010
Time: 6:00 p.m. - 8:00 p.m.

Cost \$15.00 per player or \$25.00 per Family

Each Player will receive a Shirt and Hat

If interested please complete the back of this Form (one form for
each player) and submit a check payable to:

Town of Red Hook Tee Ball/Softball

Mail your payment to: Lynda Boryk, 65 Fraleigh St, Red Hook, NY
12571; - *On or before **June 5th** 2010*

Any questions - Call 845-758-5280 – Lynda Boryk

If interested in coaching/assistant coaching a team, please add
your Name/Phone/E-Mail: _____

**COMPLETE THE BACK OF THIS FORM AND RETURN WITH
YOUR PAYMENT!**

TOWN OF RED HOOK RECREATION COMMISSION

Telephone: 845-758-4625 ~ Fax: 845-758-5313

Dear Parent/Guardian:

Your son/daughter has indicated a desire to participate in a program sponsored by the Town of Red Hook.

The Town of Red Hook Recreation Commission does not provide medical insurance for the participants in the event of injury. Please understand that hospital or medical fees will be your responsibility through your own insurance.

Please understand that risk of injury exists in all participation in sports. All youth participate at his/her own risk.

Please read, complete, and return this permission slip if you wish to have your son/daughter participate in a Red Hook recreation program.

No one will be allowed to participate in any program without a completed permission slip. Thank you.

PLEASE PRINT!

Date: _____

_____ has my permission to participate in the Red Hook Summer Tee Ball/Softball Program.

Age: _____ Birth Date: _____ Grade (next year): _____

Address:

E-mail Address: _____

Home Phone #: _____ Work Phone #: _____

Emergency Contact Name & Phone #:

Relationship: _____

Allergies/Medical Conditions:

Medications Taken Regularly:

Doctor's Name: _____ Phone #: _____

I FULLY UNDERSTAND THAT THIS PERMISSION INCLUDES ALL PRACTICE AND GAME PARTICIPATION AND GIVES PERMISSION TO TRANSPORT AND TREAT IN MEDICAL EMERGENCIES. I FURTHER UNDERSTAND THAT ANY HOSPITAL AND MEDICAL FEES WILL BE MY RESPONSIBILITY.

Signature of Parent/Guardian: _____

Please Print Your Name: _____

PLEASE ALSO COMPLETE THE REVERSE SIDE!!!!