

**IMPORTANT:** Registration begins Monday, March 21<sup>st</sup> at 8:30AM.

*Spring*



*2016*

**Sunday Mornings, April - June 2016**  
**Residents & Non-residents age 40 and older**  
*Space is limited - first come, first served*

**League Website:** [www.leaguelineup.com/brmsl](http://www.leaguelineup.com/brmsl)

Contains league policies, game rules, schedules, rosters and score reporting  
Website will be completely updated with team rosters & schedules by 04/22/16

**Season Information:** Tentative start date is scheduled for Sunday, April 24<sup>th</sup>. All games will be played on Bernards Township fields. Regular season play will consist of up to 12 games (barring rainouts). Each team is scheduled to play doubleheaders Sunday mornings. Double elimination play-offs are expected to begin on June 12<sup>th</sup>. The season is tentatively scheduled to end on June 26<sup>th</sup>.

**Requirements:** Participants must be a minimum of age 40 by 12/31/16. Each NEW participant to BRMSL needs to submit a copy of their driver's license. Previous participants to BRMSL do not need to submit another copy. It is recommended that teams have 15 players on the roster to ensure at least 10 players every week. A maximum of two (2) non-resident players are accepted per team.

**Cost:** *TEAM REGISTRATION* - \$900 per team. *UNIFORM COST:* \$300 per team additional (*if needed*). One check only, separate checks will not be accepted. Team registrations must be received by April 15<sup>th</sup> (if your team requires uniforms please have payment in by April 1<sup>st</sup> to ensure uniforms arrive on time). Each team will be provided regulation softballs, a catcher's mask, scorebook, and uniform (t-shirt & hat) if requested. Umpire fees are included in the registration cost.  
**INDIVIDUALS SEEKING A TEAM:** If you are seeking a team you may submit the individual portion of the registration form. No fee required. You will be contacted if a team space is available.  
**REFUNDS,** less a \$10 processing fee, will only be processed if requested on or before 4/15/16.

You must be registered with the Recreation Department prior to attending the program.  
To register complete the registration form and mail with check made payable to "Bernards Township" to:  
Bernards Township Recreation "BRMSL"  
1 Collyer Lane  
Basking Ridge, NJ 07920



Bernards Township Department of Parks & Recreation

908-204-3003

[www.bernards.org](http://www.bernards.org)

## BRMSL 40+ Registration Form

*Please complete one form per team or individual. Return with check payable to "Bernards Township" to the Recreation Department (1 Collyer Lane) Mon-Fri 8:30-4:30.*

**OPTION 1: TEAM REGISTRATION;** \$900 Resident Teams; Uniform cost: \$300 additional (if needed). (Team Deadline 04/15/16)  
One check only! Separate checks will not be accepted!

If you are registering as a team please fill out this portion. Minimum of 10 participants per team.

Only one form needed per team. Checks or cash only. **Please include copies of driver's licenses for each NEW participant.**

*NOTE: If your team does not reach 15 players you may be assigned additional players by the Recreation Department.*

**TEAM NAME:** \_\_\_\_\_ **Uniform Purchase? (check)**  YES  NO

	Player Name	Street Address	Home Phone	Cell Phone	E-mail	Jersey Size (S-XXXL)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

---

**OPTION 2: INDIVIDUAL SEEKING A TEAM - NO FEE REQUIRED**

If you **DO NOT** have a team please fill out the information in this section.

You will be placed on a team by the Recreation Department. We cannot guarantee you a team.

**Please include copy of your driver's license.**

Player Name	Street Address	Home Phone #	Cell Phone #	E-mail	Jersey Size (S-XXXL)

---

As the participant in this program, I agree that this is a voluntary choice. I acknowledge that there are certain risks inherent in participation in this activity, and I agree to accept all of the consequences and assume the risks involved in participation. I give permission to the Township to provide emergency care as necessary for my well being until such time as a designated emergency contact may be reached. I understand and acknowledge that Bernards Township is not responsible for any loss, damages or injury to any person or property for any reason associated with my participation in this activity. In light of the above, I hereby agree to indemnify and hold harmless and release Bernards Township from any and all liability for any and all injuries I may sustain as a result of participation in this activity. This includes, but is not limited to, responsibility for the payment of any and all doctor, medical or hospital bills resulting from any and all injuries to me. I grant Bernards Township the right to use any and all photographs of myself participating in a Department sponsored activity for future media promotion. I confirm that I have read and understand the Recreation Department's registration policies and procedures.

<b>For office use only:</b>	Cash _____	Ck. # _____	Received: _____	Team _____
-----------------------------	------------	-------------	-----------------	------------