



Wilbraham Friends of Recreation

9th Annual Fall Baseball Clinic

This year's success depends on how you prepare in the off-season! Get yourself prepared for evaluations this fall for U9, U11, U13, and U15 by attending.

Clinic is open to anyone interested in playing baseball!!

<u>WHO:</u>	Baseball players in grades K-8	
<u>WHEN:</u>	Sunday, August 19	5:00-7:00
	Sunday, August 26	5:00-7:00
	Sunday, September 2	5:00-7:00

WHERE: Spec Pond Baseball Fields

COST: \$75 per child (includes t-shirt)

Checks only, payable to Wilbraham Friends of Recreation

Instructors: The clinic this year will be led by a very talented group of coaches who have stepped forward to donate their time to teach the game of baseball the way it's supposed to be played, along with assistance from the staff of Powerhouse Training.

All parents are encouraged to participate in the clinic, great chance for parents to learn the fundamentals of the game, and work with your child at home.

REGISTRATION: August 7 – August 17 at the WPRD Office

Mail in: WPRD, 45C Post Office Park, Wilbraham, MA 01095

Registration form may be found on our website: www.wilbrahamrec.com



WILBRAHAM PARKS & RECREATION DEPARTMENT
45C POST OFFICE PARK, WILBRAHAM, MA 01095
www.wilbrahamrec.com

2018 FALL BASEBALL CLINIC REGISTRATION FORM

Registration: August 7 - August 17

Clinics Held Three Sundays- August 19, 26 Sept. 2

NAME: _____ D.O.B.: _____ AGE: _____ GR: _____
NAME: _____ D.O.B.: _____ AGE: _____ GR: _____
NAME: _____ D.O.B.: _____ AGE: _____ GR: _____

ADDRESS: _____ EMAIL: _____
(STREET, CITY, ZIP) (Please Print Clearly)

PHONE: _____ CELL: _____

PARENTS NAMES: _____

ALLERGIES/RESTRICTIONS: Parent is responsible for informing coach(es) about relevant allergies/restrictions

PLEASE READ THE FOLLOWING CAREFULLY:

WAIVER: I, the undersigned parent and/or guardian of _____, a minor, on the date of _____, do hereby consent to my child's participation in voluntary recreational programs of the Town of Wilbraham. I agree not to sue and also agree to forever release the Town of Wilbraham, and the H.W. School District their servants, officers, officials, employees, agents and ("the releasees") assisting or participating in voluntary recreational programs of the Town of Wilbraham from any and all claims, rights of action and causes of action that may arise in the past, or may arise in the future, directly or indirectly, from personal injuries to my child or property damage resulting from my child's participation in the Town of Wilbraham voluntary recreational programs.

I also promise, to indemnify, defend, and hold harmless the releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to my child or property damage resulting from my child's participation in the Town of Wilbraham voluntary recreational programs. I further affirm that I have read this Consent and Release Form and that I understand the contents of this form. I understand that my child's participation in these programs is voluntary and that my child and I are free to choose not to participate in said programs. By signing this form, I affirm that I have decided to allow my child to participate in the Town of Wilbraham's athletic recreational programs with full knowledge that the releasees will not be liable to anyone for personal injuries and property damage my child or I may suffer in voluntary Town of Wilbraham recreational programs.

- **RELEASE:** For promotional purposes photos/videos may be taken of my child and put on the WPRD or other websites or in printed material. I understand it is my responsibility to notify the WPRD in writing prior to the start of the season as well as coach and photographer if my child is **not** to be photographed.
- **LATE FEES:** Late fees are implemented to encourage registration is done by the designated date so our Dept. can order supplies, for teams and assign coaches, etc. in order to get the program running on time.
- **Parent is responsible for informing coach(es) about relevant allergies/restrictions***

I have read, understand and agree to all of the above information.

DATE: _____

SIGNATURE OF EITHER PARENT OR GUARDIAN REQUIRED

I would like to donate \$_____ to the scholarship fund to help defray costs for a family in need. Add to registration check

DATE:_____ TOTAL PAID:_____ CHECK #_____

Payment by check only - make checks payable to: Friends of Recreation