

## Wilbraham Friends of Recreation

# 9<sup>th</sup> 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> : <u>WHEN</u> :	Baseball players in grades I Sunday, August 19 Sunday, August 26 Sunday, September 2	K-8 5:00-7:00 5:00-7:00 5:00-7:00
<u>WHERE</u> : <u>COS</u> T:	Spec Pond Baseball Fields \$75 per child (includes t-shirt)	

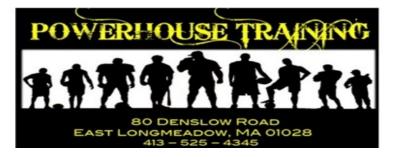
#### **Checks only, payable to Wilbraham Friends of Recreation**

**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:	<i>G</i> R:
NAME:		D.O.B.:	AGE:	<i>G</i> R:
NAME:		D.O.B.:	AGE:	GR:
ADDRESS:		EMAIL:		
	(STREET, CITY, ZIP)		(Please Print Clearly	
PHONE:		CELL:		
PARENTS NAM	NES:			

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 a	agree to forever				
release the Town of Wilbraham, and the H.W. School District their ser	vants, officers, officials, employees, agents and ("the rel	leasees") assisting or				
participating in voluntary recreational programs of the Town of Wilbra	ham from any and all claims, rights of action and causes	s 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 resulti	ing from my child's				
participation in the Town of Wilbraham voluntary recreational program	ns.					
I also promise, to indemnify, defend, and hold harmless the releasees	against any and all legal claims and proceedings of any d	lescription that may				
have been asserted in the past, or may be asserted in the future, direc	tly or indirectly, arising from personal injuries to my chil	d or property				
damage resulting from my child's participation in the Town of Wilbrah	am voluntary recreational programs. I further affirm that	at I have read this				
Consent and Release Form and that I understand the contents of this f	orm. 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 recreation	al programs with full knowledge that the releasees will n	ot be liable to				
anyone for personal injuries and property damage my child or I may su	uffer in voluntary Town of Wilbraham recreational progra	ams.				
<ul> <li>RELEASE: For promotional purposes photos/videos may be taken of material. I understand it is my responsibility to notify the WPRD in w photographer if my child is not to be photographed.</li> <li>LATE FEES: Late fees are implemented to encourage registration is teams and assign coaches, etc. in order to get the program running</li> <li>Parent is responsible for informing coach(es) about relevant allerg</li> </ul>	writing prior to the start of the season as well as coach ar done by the designated date so our Dept. can order supp s on time.	nd				
I have read, understand and agree to all of the above ir	oformation					
The above in						
	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 #					
	UILUN #					

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