### **2023 RECREATIONAL BASEBALL**



DEPARTMENT Registration: January 3-29th (online) January 3rd-27th (in office) (\$10 late fee starts Jan. 30th, \$20 starts Feb. 13th)

NAME:	D.O.B	/	/		AGE:	GR:	(Circle one)
ADDRESS:				_ НО	ME PHONE:		• • •
PARENT NAME:		CE	LL:				
PARENT NAME:		CE	LL:				
EMAIL ADDRESS #1	EMAIL	ADDRESS	5 #2				
$^{*}$ Coaches communicate primarily through email, please check yours daily $^{*}$							
*Parent is responsible for informing their coach(es) of any re	levant allergy o	or restrict	ion	is* N	OTE: There ar	e no request	s allowed
• IS THERE A SIBLING PLAYING IN THE SAME AGE DIVISION?	YES/NO NA	ME:					
• CHECK THE DIVISION YOU ARE REGISTERING YOU	R CHILD FOR	:					
T-BALL (KINDERGARTEN/COED) - \$75 Wilbraha	am Residents	(school	cho	oice \$	\$100)		
<b>PINTO:</b> (GRADES 1-2) - \$75 Wilbraham Resider	nts (school o	choice \$	100	0)			
• <b><u>REQUIRED</u></b> : PLEASE INDICATE BY <u>CIRCLING</u> THE FOLL							
YES / NO MOM / DAD /OTHER NAME:							
List any special coaching experience:							
*THE WPRD IS NOT ABLE TO ACCOMMODA	<mark>TE REQUEST</mark>	<mark>S FOR T</mark>	<mark>EAI</mark>	<mark>MS (</mark>	OR PRACTICE	GAME TI	MES*
PLEASE READ THE FOLLOWING CAREFULLY:							
WAIVER: I, the undersigned parent and/or guardian of	agree not to sue a releasees") assistin may arise in the pa wn of Wilbraham v any and all legal cl personal injuries to ave read this Conse nat my child and I a praham's athletic re	nd also agre g or particip st, or may a oluntary rec aims and pr my child or ent and Rele re free to ch ccreational p	e to patin rise i creat ocee prop ase l noos prog	o foreve og in vo in the tional p edings perty d Form a se not t rams w	er release the Towr luntary recreationa future, directly or in orograms. of any description f lamage resulting fru- und that I understan o participate in said vith full knowledge	n of Wilbraham, al programs of th ndirectly, from p that may have b om my child's pa nd the contents d programs. By that the release	and the H.W. ne Town of personal injuries to een asserted in articipation in the of this form. I signing this form, I
<ul> <li>REFUND POLICY: If you notify the WPRD prior to the end of the registratio Because the decision to maintain a program is based on the enrollment, n</li> </ul>						ative charge.	
<ul> <li>RELEASE: For promotional purposes photos/videos may be taken of my chil responsibility to notify the WPRD in writing prior to the start of the season</li> </ul>	•				•		d it is my
<ul> <li>LATE FEES: Late fees are implemented to encourage registration is done by in order to get the program running on time.</li> <li>Parent is responsible for informing coach(es) about relevant allergies/res</li> </ul>		ite so our De	ept.	can or	der supplies, for tea	ams and assign	coaches, etc.
I have read, understand and agree to all of the above i	information.						
			DA	TE:			
SIGNATURE OF EITHER PARENT OR GUARDIAN REQUIRED				-		-	

**WILBRAHAM** PARKS & RECREATION

DATE:\_\_\_\_\_ TOTAL PAID: \_\_\_\_\_ CHECK #\_\_\_\_\_ CREDIT CARD\_\_\_\_

OVER  $\rightarrow$ 

### Wilbraham Parks & Recreation Programs Adult Code of Conduct Contract

I hereby pledge to provide positive support, care and encouragement for my child and other children participating within this program by following this Code of Ethics to help establish a positive experience for all players, coaches, and families involved.

- I will encourage and demonstrate by example the importance of good sportsmanship and positive support for all players, coaches, and officials at practices and games.
- I will place the emotional and physical well-being of my child over my personal desire to win.
- I will assist in a drug, tobacco and alcohol-free environment.
- I will assist in teaching my child that rules are important and must be followed.
- I will support coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all.
- I understand that verbal and physical abuse including profanity and foul language is not to be tolerated against anyone in this organization.
- I understand that racial epithets or negative innuendo related to a person/players race, religion or ethnicity will not be tolerated.
- I will respect all officials, coaches and volunteers.
- I will not approach a coach, before, during or after a game, and I will wait 24 hours before speaking with a coach.
- I will not create conflict by slander, malicious rumors or threats, nor will I entice others to do so either verbally or through social media

### **\*\*IMPORTANT NOTICE\*\***

# I understand that both my son or daughter and I will be fully committed (attending practices and games) and supportive of the Wilbraham Program.

It is the expectation of this Commission that both parent and coach should always act in a manner exemplifying the very attributes that are instilled in the participants by various programs of the Wilbraham Parks & Recreation Department. We expect parents to treat others as you know they should be treated and as you wish them to treat you.

At no time should a parent or coach confront each other before, during or after a contest or practice. Furthermore any such contact in the presence of children will call for immediate sanction by the Commission.

Any concern(s) between parent and coach should follow the guidelines established by the agreement where:

- 1. Concerns are brought to the attention of the Director of the Wilbraham Parks and Recreation.
- 2. Parties will be allowed to speak with the Director.
- 3. Should the Director and Party(s) reach an impasse, this matter shall than be presented to the Commission.
- 4. Each Party shall be given an opportunity to present the matter before the Commission.
- 5. Once each Party has presented, the Commission shall within a specified time announce its decision

The Commission strongly discourages the use of any social media to broadcast thought and judgments which may bring hurt upon any/all involved. Broadcasting disparaging remarks and opinions (directly or indirectly) about a coach, parent or athlete are strongly discouraged by the Commission.

It is the hope that the execution of this document will discourage any/ all behavior which may be detrimental to the children and citizens of the Town of Wilbraham.

By signing below, I understand that if I violate any of these Codes of Ethics it will affect my/our participation in any activity for not less than the balance of the current season, or as determined by the Wilbraham Recreation Department and/or Commission.

## Your signature constitutes acknowledgement by both spouses/guardians/step parents of agreement to abide by the rules and regulations stated above.

Signature:	
Print Name:	_Date:

Player Name(s)\_\_\_\_\_

Grade: \_\_\_\_\_

#### WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19

#### ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

In consideration of being allowed to participate in Town of Wilbraham Parks & Recreation Department programs and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

- 1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
- 2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
- 3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
- 4. In addition to general risks of participation, the novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. Town of Wilbraham Parks & Recreation Department seeks to limit the spread of COVID-19 by requiring that participants stay home if they: 1) are sick, 2) are feeling any symptoms of COVID-19 as identified by the CDC (such as cough, shortness of breath or difficulty breathing, fever, chills, or new loss of taste or smell), 3) have a fever of 100°F or above, 4) are suspected of having COVID-19 or 5) had recent exposure to someone with a suspected or confirmed case of COVID-19. By signing below, I acknowledge that I will abide with these requirements to self-monitor and will take my temperature and my child(ren)'s temperature prior to participation. On behalf of myself and my family we agree to adhere to all state, local, and other guidelines in place designed to keep people safe. I understand that Town of Wilbraham Parks & Recreation Department is not monitoring whether I or other participants comply with this requirement.
- 5. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the Town of Wilbraham, Town of Wilbraham Parks & Recreation Department, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

### I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of participant:

Participant signature:\_\_\_\_\_Date signed: \_\_\_\_\_

#### FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward or release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name	of	parent/	guardian:	

Parent guardian/signature. Date signed.	Parent guardian/signature:	Date signed:
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