## WILBRAHAM PARKS & RECREATION DEPARTMENT

45C POST OFFICE PARK, WILBRAHAM, MA 01095

www.WilbrahamRec.com

## 2023 WINTER BASEBALL CLINIC REGISTRATION FORM

Registration: November 29, 2022 – January 2, 2023

Dates: Saturday, January 7th and 14th

(SIGNATURE OF PARENT OR GUARDIAN  $\mathbf{REQUIRED}$ )

<u>Time</u>: 5:00 - 7:00pm For: Ages 6-10

Location: Powerhouse Training 80 Denslow Road, East Longmeadow, MA. 01028

Cost: \$50 per player, total for both sessions

<u> </u>	•				
NAME:		D.0	O.B.:	_ <i>AG</i> E:	<i>G</i> R:
NAME:		D.0	O.B.:	_ <i>AG</i> E:	<i>G</i> R:
ADDRESS:		EMAIL:			
(STRE	EET, CITY, ZIP)	(Please Print Clearly) CELL:			
<u>Space is limi</u>	ted!!! CANNOT	take registra	tions at the	<u> door!!!</u>	
PARENTS NAMES:					
ALLERGIES/RESTRICTIONS	5: Parent is responsibl	le for informina co	ach(es) about re	elevant allerai	ies/restrictions
PLEASE READ THE FOLLOW	·	g		novami amorgi	
* WAIVER: I, the undersigned parent a	and/or guardian of	, a m	ninor, on the date of _		_, do
hereby consent to my child's participation	n in voluntary recreational pro	ograms of the Town of W	ilbraham.		
I agree not to sue and also agree to foreve	er release the Town of Wilbra	ham, and the H.W. School	ol District their serva		
agents and ("the releasees") assisting or p					
action and causes of action that may arise				injuries to my chil	ld or property
damage resulting from my child's participal also promise, to indemnify, defend, and				s of any description	on that may have
been asserted in the past, or may be asser					
from my child's participation in the Town				or Property	88
I agree not to sue and also agree to foreve	er release Powerhouse Training	ng 80 Denslow Road, Eas			
I further affirm that I have read this Cons					
in these programs is voluntary and that m					
decided to allow my child to participate i liable to anyone for personal injuries and					
* REFUND POLICY: No refunds o		Timay surier in voluntar	y Town of Whotanan	recreational prog	granis.
* RELEASE: For promotional purpos		en of my child and put on	the WPRD or other v	vebsites or in prin	ted material. I
understand it is my responsibility to notify photographed.					
	ks payable to	: Friends c	of Recreat	ion	
	ter at the Wi				
registration an	id check in Dr	op Box on F	Rec Office	door.	
<u>An</u>	nount Due:		<del></del>		
I have read, understand and	d agree to all of the ab	ove information.			
		DATE:	AMOUN	T PD:	