

# 2024 FALCON FALL SOFTBALL CLINIC

**Run by: Molly Cole, Minnechaug JV Softball Coach**

**Registration: August 13 – August 26**

**Clinic Dates: Tuesdays - September 3, 10, 17**

**(rain date September 24, if needed)**

**Location: Minnechaug – Varsity Softball Field**

**Time: 5:00 to 6:00pm (Grades K-4)**

**Cost: \$40.00**

**(Non-Wilbraham/Hampden residents, please add \$10.00 to the registration fee)**

**Registration: Online at [wilbrhamrec.com](http://wilbrhamrec.com) or by mail-in**

This clinic will work on softball fundamentals to keep the participants in game form. It's never too early to prepare for the upcoming season!

Beginners to experienced players, everyone is welcome to come!

Participants will be divided into age groups.

**Keep your skills up-to-date!**

**Participants will need to use their own equipment (glove, bat, helmet) and bring their own water bottle.**

**Make checks payable to: TOWN OF WILBRAHAM**

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

# 2024 FALL SOFTBALL CLINIC REGISTRATION FORM

**Registration: August 13 – August 26**

Grades K-4: Tuesdays - September 3, 10, 17  
5-6pm (K-4) - Minnechaug Varsity Softball Field: \$40.00  
Non-Wilbraham/Hampden Residents, please add \$10.00

NAME: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ AGE: \_\_\_\_\_ GR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_

(STREET, CITY, ZIP)

(Please Print Clearly)

PHONE: \_\_\_\_\_ CELL #1: \_\_\_\_\_ CELL #2: \_\_\_\_\_

(OPTIONAL)

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.

\* **REFUND POLICY:** No refunds once you have registered.

\* **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.

**Make checks payable to: Town of Wilbraham**

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

\_\_\_\_\_  
(SIGNATURE OF PARENT OR GUARDIAN **REQUIRED**)

DATE: \_\_\_\_\_ AMOUNT PD: \_\_\_\_\_