

Wilbraham Baseball

THE WILBRAHAM BASEBALL COMMITTEE IS PLEASED TO ANNOUNCE THE

2022 Winter Baseball Clinic



Don't be left out in the cold - It's never too early to prepare for the upcoming season! Clinic will be led by a very talented group of volunteer coaches who are donating their time to teach the fundamentals of baseball, teamwork, and sportsmanship.

**Clinics are open to boys and girls from Wilbraham & Hampden.
Space is limited! Also makes a great Holiday Gift!**

WHO : All baseball players ages 6-10 as of May 1, 2022.
(*must have previously played at least 1 season of teeball or baseball*)

WHEN: Saturday, January 8 5:00 - 7:00pm
Saturday, January 15 5:00 - 7:00pm

WHERE: Powerhouse Training
80 Denslow Road, Suite 130 (back of building)
East Longmeadow, MA 01028

COST: \$50 each player, total for both sessions

Either register and pay at the Wilbraham Parks and Recreation Office or send a completed registration form to wilbrahambaseball@gmail.com and bring payment to the clinic. **CHECKS PAYABLE TO: FRIENDS OF RECREATION**



at www.facebook.com/WilbrahamHampdenFalconsBaseball

2022 WINTER BASEBALL CLINIC REGISTRATION FORM

Registration: November 30, 2021 – January 2, 2022

Dates: Saturday, January 8th and 15th

Time: 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

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

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

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

PHONE: _____ CELL: _____

Space is limited!!! CANNOT take registrations at the door!!!

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 agree not to sue and also agree to forever release Powerhouse Training 80 Denslow Road, East Longmeadow, MA. 01028.

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: Friends of Recreation
Register at the Wilbraham Rec. Office or leave
registration and check in Drop Box on Rec Office door.

Amount Due: _____

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

(SIGNATURE OF PARENT OR GUARDIAN REQUIRED) DATE: _____ AMOUNT PD: _____