

WILBRAHAM PARKS & RECREATION DEPARTMENT  
45C POST OFFICE PARK, WILBRAHAM, MA 01095  
[www.WilbrahamRec.com](http://www.WilbrahamRec.com)

**2022 WINTER SOFTBALL CLINIC REGISTRATION FORM**

**Registration: October 11, 2022 – October 23, 2022**

**Dates: Friday, November 4<sup>th</sup> (All Skills) and 18<sup>th</sup> (Pitchers/Catchers)**

**All Skills: 6:00 - 7:00pm (Grades K-4), 7:00 – 8:00pm (Grades 5-8)**

**Pitchers/Catchers: 6:00 – 7:00pm (no experience), 7:00 – 8:00pm (some experience)**

**Location: MassConn Training Center, 153 Springfield Street, Agawam**

**Cost: \$25 per player per session, \$40 for both sessions + t-shirt**

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

Please check: All Skills \_\_\_\_\_ Pitchers/Catchers \_\_\_\_\_ P/C Experience \_\_\_\_\_ Both \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

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 Amount Enclosed: \_\_\_\_\_**

**Register at the Wilbraham Rec. Office or leave registration & check in Drop Box on Rec Office door.**

I have read, understand, and agree to all of the above information. \_\_\_\_\_ DATE: \_\_\_\_\_

(SIGNATURE OF PARENT OR GUARDIAN REQUIRED)