Department of Parks & Recreation
Recreation Division
101 Field Point Road - Greenwich, CT 06836-2540
Phone: (203) 618-7649 - Fax: (203) 622-6494

2014 Girls Indoor Softball Clinic

Ages 8-14

ACTIVITY NUMBER: 40501

DESCRIPTION: Program will focus on all applicable fundamentals including throwing, catching, hitting, pitching, stealing, and sliding to prepare for the spring and summer seasons.

REGISTRATION DATES: November 18th through December 2nd, **BY MAIL ONLY**. Should not be Post marked earlier than November 18th.
Registration begins in the Recreation Office on December 2nd, unless the program is filled.

AGES: **Participants:** 8 - 14 years old. Any 7 year old turning 8 before August 1, 2014 is eligible to participate. Participants must **NOT** be turning 15 during the program.

SESSIONS: **Saturdays:** January 4, 11, 18, 25
February 1, 8, 15, 22
Snow date: March 1

SECTION NUMBER	AGES	TIME	LIMIT
S1	**8 Thru 14**	**11:30am – 12:45pm**	**40 players**

LOCATION: Eastern Greenwich Civic Center, 90 Harding Road, Old Greenwich

STAFF: Instructors are certified by the Positive Coaching Alliance and subject to a background check.

FEE: $100.00 payable to "***Town of Greenwich***"
There are no refunds and we do not pro-rate fees. Requests for credit will only be considered if received in writing prior to the start of the program. There is a $15 administrative fee for credits and a $25.00 fee for any returned checks.

COMMENTS:
- Players must bring their own glove and bat.
- Players must wear sneakers.
- For weather cancellation information call: 203-861-6100.
- Mail completed application with full payment to:

Girls Indoor Softball
Department of Parks and Recreation
P.O. Box 2540
Greenwich CT 06836-2540

Program Registration (please print)

Program Name _____ Activity #_____ Section # _____

Participant's Name _____ Gender (M/F) _____

Address _____ Town _____ Zip Code _____

Birth Date _____ Age _____ Grade _____ School _____

Specific Program Information: _____

Parent/Guardian _____ e-mail _____

Home Phone _____ Work Phone _____Cell _____

In case of emergency notify the following:

Name _____ Phone _____ Relationship: _____

List Physical Restriction(s): _____

INDEMNIFICATION AND RELEASE

THIS IS A LEGALLY BINDING DOCUMENT. DO NOT SIGN IT UNTIL YOU HAVE READ THE CONTENTS HEREOF AND UNDERSTAND THE SAME. IF YOU ARE IN DOUBT, CONSULT AN ATTORNEY PRIOR TO SIGNING THIS DOCUMENT.

The Undersigned (hereinafter referring to myself, my minor children or charges, my heirs and assigns) hereby agree(s) to assume all risk and bear all responsibility and to indemnify and hold the TOWN OF GREENWICH, its agents, representatives, servants, officers, and employees, harmless from and against any and all claims, demands, suits, proceedings, liabilities, judgments, awards, losses, damages arising out of injuries to any persons or property, including any and all costs and expenses incurred in the defense of such claims, demands, suits and proceedings including court costs and attorneys' fees resulting from, arising out of, or in any way related to or connected with my/our participation in the _____program sponsored by the Town of Greenwich/use of Town of Greenwich property/facilities/apparatus or equipment thereof.

The Undersigned, does forever discharge the Town of Greenwich, its agents, representatives, servants, officers and employees from any and all claims including claims of negligence or carelessness, alleging damages and any and all causes of action which the Undersigned may have or may hereafter have, arising out of, related to, or in any manner connected with injuries or damages the Undersigned may sustain by reason of my participation in the above-described program or use of the Town of Greenwich property, facilities, apparatus or equipment.

The Undersigned, the participant or parent/guardian of the above named person, who participates in programs organized by the Town of Greenwich Department of Parks and Recreation, assumes all risks and hazards incidental to the conduct of the activity and transportation to and from the activity. I am aware that participating in any recreational program can be a dangerous activity involving many risks of injury. I further understand there is inherent risk associated with the(se) activity (ies) and authorize emergency medical treatment and transportation in my absence.

Dated at Greenwich, Connecticut, this _____ day of _____ 201__.

Signature of Participant or Parent or Guardian for participants under 18 years of age:

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