

By signing this permission form for my child to participate in the Chatham Parks and Recreation Baseball/Softball/T-Ball Program, I agree to the following conditions:

- I give permission for my child to receive medical treatment in the event of injury at either a practice or a game while participating in this program;
- In consideration of your accepting my entry, I, the undersigned parent/guardian of the minor child named above, intending to be legally bound do hereby for myself, my heirs, executors and administrators, waive and release forever any and all rights and claims or damages I may accrue against the Town of Chatham, its contractors, instructors, aides, their successors, representatives and assigns, for any and all injuries suffered as a result of traveling to and from and while participating in the above named program. In the absence of a parent/guardian signature below, payment of fees and participation in the program shall constitute acceptance of the conditions set forth in the waiver.
- I agree pictures taken during program hours may be used for future promotional purposes.

Parent/Guardian Signature

Date

OFFICE USE ONLY

Date: _____

Registration Form & Fee Received By: _____

Check # _____ Amount: _____

Chatham Parks & Recreation
Chatham Community Center
702 Main Street
Chatham, MA 02633

Chatham Parks & Recreation

**Recreational T-ball
Kindergarten**

**Recreational Baseball
Grades 1 & 2**

**Recreational Softball
Grades 3—6**



Registration dates:

Grades K ~ ongoing—May 4th

Grade 1 & 2 ~ ongoing—April 27th

Grades 3-6 Softball ~ ongoing—April 2nd

Registration Dates/Cost:

Grade K = \$15.00 per child

Registration deadline: May 4th

Grades 1 & 2 = \$20.00 per child

Registration deadline: April 27th

Late Registration Fee: \$30.00 per child

Softball ~ Grades 3 - 6 = \$30.00 per child

Registration deadline: April 2nd

Late Registration Fee: \$40.00 per child

Eligibility: This program is open to all grade K - 6 school age children who either reside in Chatham or attend MRSD as a school choice student.

Equipment needed: Players must bring a glove. Cleats are optional but recommended. A water bottle is also recommended.

Coaches: Coaches are always needed!! Please identify yourselves by April 1st.

Chatham Parks & Recreation
Chatham Community Center
702 Main Street
Chatham, MA 02633

Phone: 508-945-5175
Fax: 508-945-5159

E-mail: swinkfield@chatham-ma.gov
Questions? Contact Sue Winkfield

Details

Grade K - Will play on Saturday mornings from 10:30-11:30am at Volunteer Park. Kindergarten Tee Ball will introduce the fundamental skills of throwing and catching a soft 9" ball (baseball size), and offer basic instruction in batting. Mornings will consist of a 1/2 hour practice and 1/2 game. Season runs May 5th – June 9th.

COACHES NEEDED!

Cost: \$15.00
* Please note, no tee ball on May 26th.

Grades 1 & 2 - Saturday mornings at Volunteer Park from 9:00-10:30am.

- Season runs April 28th - June 9th.

COACHES NEEDED!

Cost: \$20.00
* Please note, no baseball on May 26th.

Grades 3 – 6 SOFTBALL - There will be games against other towns which will require travel. League games begin early May and the season will run through mid June.

- Grades 5 & 6 ~ Monday and Thursday Games at 6pm
- Grades 3 & 4 ~ Wednesday and Friday Games at 6pm

*Coaches will establish practice day & time.
**Practices will begin in April as the weather permits.

Cost: \$30.00

*****Once the registration period is closed, late registrations / additions will be taken on a team need basis only and that will be left up to the direction of the Recreation Coordinator and Coach of the individual team.**



**Please return registration form to the Community Center with check made payable to "Town of Chatham".
Sorry, we do not accept cash**

****If we have your information in our new RecPro system and there are no changes, please fill in child's name, grade & sign waiver on the back.**

Child's Name: _____

Grade: _____ DOB: _____

Residential Address: _____

Town (Chatham, North, South, West) _____

Mailing Address: _____

Town _____ State _____ Zip _____

Parent(s)/Guardian(s): _____

Home Tel. Number: _____

Cell Phone: _____

Work Tel. Number: _____

E-mail address: _____

Emergency Contact: _____

Relationship to your child: _____

Contact's phone #: _____

Child's Physician: _____

Office tel. number: _____

Are there any allergies, medications or health issues that we should know about?

YES, I would like to: COACH _____ HELP COACH _____

Your Name: _____

Cell Phone: _____

(The registration fee is waived for a coach's child)

Cut here and keep this side
Send this side in to Chatham Community Center