

THE FOLLOWING QUESTIONS ARE USED ONLY TO HELP WELLFLEET RECREATION APPROPRAITELY ACCOMMODATE PARTICIPANTS TO THE BEST OF THE DEPARTMENT'S ABILITY

Please list any allergies, health concerns, medical equipment (pace makers, hearing aids, etc.), or special needs (activity restrictions, phobias, unable to be photographed, etc.):

****Wellfleet Recreation wants every child to have the opportunity to participate in our programs. Please contact us if you are in need of financial assistance in order to participate this season.****

Would you be able to help the Recreation Commission by selling concessions at the games?

Yes ____ No ____

By signing this permission form for my child to participate in the Wellfleet Recreation Baseball/ Softball/ Tee Ball Program, **I agree to the following:**

I give permission for my child to receive medical treatment in the event of injury at either a practice or a game while participating the program;

I, the undersigned parent/ guardian of the minor child named above, hereby consent to the child's participation in the below listed recreation program(s) conducted, supervised, sponsored, or otherwise controlled by the Town of Wellfleet and the Wellfleet Recreation Department for the duration of the Program. In consideration of the Town admitting the child to this program or event, I agree on behalf of the child and myself to release the Town and Department, and their respective officers, employees (including volunteer staff) and agents from and against all liability, loss, damage, costs, and claims which may arise by reason of personal injury or property damage arising from the child's participation in the below referenced activities, and I also agree to indemnify and hold harmless the Town and Department and their respective officers and employees (including volunteer staff) and agents from and against all liability, loss, damage, and costs that the Town of Department may incur by reason of claims for personal injury or property damage arising from the child's participation in the below referenced activity. "Participation" is deemed to include games or meets, practices, and transportation to and from the same.

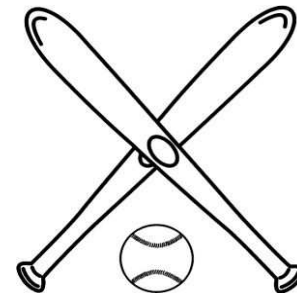
(Date)

(Signature of Parent/Guardian)

Wellfleet Recreation

Youth Baseball, Softball, and Tee Ball Registration Form

(Spring 2010)



Registrations
may be mailed to:
Wellfleet Recreation
300 Main St.
Wellfleet MA 02667

or dropped off at
Wellfleet Elementary School
100 Lawrence Road
Wellfleet, MA 02667

Contact Information:
Director: Becky Rosenberg
Assistant Director: Angel Robinson
(508) 349-0314
recreation@wellfleet-ma.gov

FOR UPDATES AND MORE INFORMATION
CHECK OUR WEBSITE AT
www.wellfleet-ma.gov/recreation

WELLFLEET RECREATION
Baseball/ Softball/ Tee Ball General Information

- Baseball/ Softball/ Tee Ball is open to all children in grades K-6 who either reside in Wellfleet or attend Wellfleet Elementary School.
- Fees: \$15.00 per child. Cash or Checks made payable to "Wellfleet Recreation" will be accepted.
- Specific practice times and game schedules will be distributed once coaches have been determined. All schedules are subject to change due to weather, coaching availability and unforeseen circumstances.
- Parents and children alike are reminded that Wellfleet Recreation encourages the development of skills, team work, and social bonds. The goals of Youth Sports are to provide children an opportunity to play, exercise, and learn sportsmanship in a fun way. Any child or parent who acts in ways that prohibit these goals, threaten the physical or emotional safety and development of children, referees, or coaches, will be unable to attend the Program.
- In the event of rain, please call 508-349-0314 for information about cancellations. The Recreation Department will make an effort to also email those parents on our email list, should a game be cancelled due to weather so be sure to check those emails.

EQUIPMENT NEEDED: Players must bring a glove and cleats are recommended. (See the Rec Dept if this is a problem). Water bottles and weather appropriate clothing are strongly encouraged.

Grades K-2

Children in grades K-2 will practice once a week. If teams sufficiently develop basic skills and coaches believe teams are ready for games, efforts will be made to schedule games with other local teams toward the end of the season.

Grades 3-6

Children in grades 3-6 will practice once or twice a week depending on the team and scheduling availability. They will have one game per week and will often have to travel to other towns for those games.

Home games for Baseball and practices for grades K-2 will be held at Wellfleet Elementary School Field. Home games and practices for softball will be held at Baker's Field.

COACHING:

Wellfleet Recreation is seeking coaches for the 2010 season. Experience is not necessary. Please contact the Recreation Director if you are interested.

**Please turn in your registration form (both sides),
along with your \$15.00 cash or check.**

2010 Youth Registration
Baseball / Softball/ Tee Ball

Please return this registration form to Wellfleet Recreation
along with your \$15.00 check or cash

Child's Last Name: _____ First Name: _____
Grade: _____ School: _____ DOB: _____ Gender: _____

Residential Address

Street: _____ Town: _____

Mailing Address

Street: _____ Town: _____

Parent/Guardian(1) Name _____

Home Phone: _____ Cell Phone: _____ Work: _____

Email: _____ May we contact you by email with Rec info? Yes No

Parent/Guardian(2) Name _____

Home Phone: _____ Cell Phone: _____ Work: _____

Email: _____ May we contact you by email with Rec info? Yes No

Emergency Contact:

Relationship to Child: _____

Contact's Phone(s): _____

Child's Physician: _____

Physician's Phone: _____

Other People Your Child May Be Released To:

Potential Coaches

Name: _____ Phone or Email: _____

I'd like to coach for the sport of: _____

For (circle) Boys Girls Grade: _____

Please Turn Over, Complete And Sign The Back Of This Registration Form.