



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



2015 Summer Baseball

6's & 7's (co-ed), 8's & 9's (co-ed), 10 – 12's (boys)

ACTIVITY NUMBER: 10403

DESCRIPTION: Summer baseball provides 3 playing divisions: **6 & 7 years (Pinto)**, **8 & 9 years (Mustang)**, and **10 – 12 years (Bronco)**. These divisions vary in the following ways:

- 6 & 7, Pinto: Instructional coach-pitch for beginners.
- 8 & 9, Mustang: Combined player & coach pitching as well as instruction during game play.
- 10 – 12, Bronco: Player pitch with formal playing structure & rules. Emphasis will be on skill advancement in baseball.

*Players in the mustang and bronco divisions should have prior experience playing organized baseball.

REGISTRATION DATES: Begins May 18th **BY MAIL ONLY**. Application should not be postmarked earlier than May 18th. Walk-in registration will be available at the Recreation Office beginning June 1st.

AGES: 6 - 12 year olds. Participants must be at least 6 years old and not turning 13 on or before April 30, 2015. Anyone new to a Parks and Recreation Baseball program must submit proof of age (copy of passport, baptismal record, birth certificate attached to registration form)

PRACTICES: Begin June 27th and are scheduled at the discretion of the coach.

SESSIONS: Season starts Monday, July 6th and ends approximately August 7th.

Teams will play 1 to 2 games a week, mostly on weeknights at 6:00 PM. There may be an occasional weekend game under the lights at Teufel Field for the mustang (8's – 9's) and bronco (10's – 12's) divisions.

LOCATION: Various Town fields depending on age/division

SECTION NUMBER	AGES	NUMBER OF PARTICIPANTS
A1 (coach pitch) Pinto	6 & 7 year olds (co-ed)	60
A2 (player/coach pitch) Mustang	8 & 9 year olds (co-ed)	60
A3 (player pitch) Bronco	10 - 12 year olds (boys)	60

FEES: A1: **\$117.00** payable to "Town of Greenwich" – **NO REFUNDS**

A2: **\$152.00** payable to "Town of Greenwich" – **NO REFUNDS**

A3: 2 checks: **\$152.00** payable to the "Town of Greenwich" – **NO REFUNDS**
\$ 20.00 payable to "Pro Swing" – **NO REFUNDS**

We accept Visa, Mastercard, and Discover credit cards at the Town Hall Recreation Office.

There are no refunds and we do not pro-rate fees. Requests for credit from the Town 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 fee for any returned check.



2015 Summer Baseball



SPONSORS: Anyone who would like to sponsor a team should contact Patricia Troiano at 203-622-2228. The cost is \$400.00 and the proceeds go to the Parks and Recreation Scholarship Fund. Checks must be made payable to the Parks and Recreation Scholarship Fund.

EVALUATIONS: Are mandatory for ages 10-12. Failure to attend evaluations will place participant on a wait list – **NO REFUNDS**. Evaluations will be held at Pro Swing Baseball, Midland Ave, Port Chester, NY

- 10 - 12 year olds – Wednesday, June 24th **OR** Thursday, June 25th from 6:30 PM – 8:00 PM (Just attend one of these days for the evaluation).
- Players should arrive dressed to participate, bring glove and bat.
- **Players will receive notification of team placement shortly after evaluations.**

COACHES: Volunteer coaches are ESSENTIAL to this program. Acceptance of ALL applicants and number of teams depends on the number of volunteer coaches. The Town of Greenwich promotes the ideals of the Positive Coaching Alliance and provides certification to all coaches. Coaches will also be subject to a background check.



**VOLUNTEER COACHES ARE ESSENTIAL TO THIS PROGRAM
WITHOUT THEM THERE IS A POSSIBILITY YOUR CHILD MAY NOT HAVE A TEAM TO PLAY ON**

_____ I am interested in ☐ **Head Coaching** ☐ **Assistant Coaching** and will fill out the required background check and attend any clinics or meetings.

_____ I am not interested in head/assisting coaching, but would like to help my child's team by:

_____ Pitching to my child's team _____ Bench Monitor

Name _____ Phone _____

Email _____

COMMENTS:

- Players supply their own fielding glove and bat. Catcher's equipment, team shirt and hat are provided.
- Game schedules and weather updates will be available on our Recreation Sports web site at www.teamsideline.com/greenwichct. You can sign up for automated e-mail and/or text alerts from this website. In addition, you can call the weather hotline number at 203-861-6100.
- Mail completed application with full payment to:

Summer Baseball
Department of Parks and Recreation
P.O. Box 2540
Greenwich, CT 06836-2540



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Consent For Treatment Form (To be given to emergency personnel if necessary)

As parent (or legal guardian) of _____, I hereby give my consent for any emergency medical treatment as approved by his/her coach or other adult escort, in case of illness or injury while playing or in related activities. I understand that this is to prevent undue delay and to assure prompt treatment.

Signature of parent or legal guardian

Relationship to participant

Home phone

Work phone

Cell phone

Physician Name

Physician Phone

Dentist Name

Dentist Phone

Any allergies or medical/physical conditions the staff should be aware of?

YES NO If yes, please explain:

Parents will be notified in case of serious illness or injury as quickly as they can be reached, but this information will make immediate treatment possible.

Has your child played T-Ball or other organized baseball? Yes _____ No _____

MUST ALSO COMPLETE PROGRAM REGISTRATION AND RELEASE ON THE NEXT PAGE



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:

HH# _____ Check# _____ Receipt# _____ Proof _____ Initials _____

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