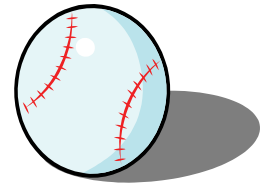




West Springfield Suburban Softball Association



14th Annual Winter Softball Clinic 8 Sessions beginning Sunday, February 26, 2012

The West Springfield Park & Recreation Department along with the Suburban Softball Association are pleased to offer the fourteenth annual instructional softball program for youths ages 8-15. The softball clinic will be held on Sunday evenings at the Senior High School gym for eight sessions. The program will emphasis pitching, catching, fielding and hitting skills. The fee for the clinic is \$40. Additional training in pitching is available from 7:30-8:00 p.m. for an additional \$10.

| <u>Activity Number</u> | <u>Ages</u> | <u>Time</u> | <u>Fee</u> |
|------------------------|------------------------------|----------------|------------|
| 120000 | 8-15 | 6:00-7:30 p.m. | \$40 |
| 120010 | Additional Pitching Training | 7:30-8:00 p.m. | \$10 |

To register for this program, fill out the form below, detach and mail to:
West Springfield Park & Recreation Department, 26 Central Street - Suite 19, West Springfield, MA 01089

Checks or Money Orders made payable to: Town of West Springfield

West Springfield Park & Recreation Registration Form

Parent Name _____ Home Phone _____
(parent/guardian if participant is under 18 or under legal guardianship)
Street Address _____ Work Phone _____
City _____ State _____ Zip _____ Cell Phone _____
Is this a change in address? ___ Yes ___ No E-mail address _____

Birth Certificate required for new participants!

| Activity Code | Last Name (child's) | First Name (child's) | Address/City | M/F | D.O.B. | Grade | Fee |
|---------------|---------------------|----------------------|--------------|-----|--------|-------|-----|
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Please read and sign

I am aware that participation in any recreational activity may involve the risk of injury. I have reviewed the activities required to participate in this program as set forth above, and I am able to perform these activities. I realize that the submission of any false or knowingly misleading statement made in completing this form by the participant or by his or her parent or guardian, will be grounds for the removal of the participant from the program and the forfeiture of any fee paid. Recognizing that there is a risk of injury in my participation in this program. I hereby release, and discharge, and agree to indemnify and hold harmless, the Town of West Springfield, it's employees, contractor instructors, and volunteers from any and all liabilities and cause of action that I or my child may have arising out of participation in this program.

Parent/Guardian Signature: _____ Date: _____

Total Enclosed _____

_____ Cash (do not mail cash)
_____ Check/Money Order

Make checks payable to:
Town of West Springfield

Mail to:
West Springfield Park &
Recreation Department
26 Central Street - Suite 19
West Springfield, MA 01089