

Norway Recreation Department

Grade 3-6 Softball Pitching Clinic Registration Form 2023

Wednesdays 5-6 March 8, 15, 22, 29 April 5, 12 in the Guy Rowe Gymnasium

ACCEPTING 15 PLAYERS. MUST HAVE REG & FEE FIRST COME FIRST ON ROSTER
MUST BRING OWN EQUIPMENT AND CATCHER

PLEASE PRINT CLEARLY

Name: _____ Birthdate _____ Grade _____

Tele #: _____ Address: _____

Guardians Name/Mom: _____ Dad: _____

Guardians/Mom Phone #: _____ Guardians/Dad Phone #: _____

Emergency Contact Person(s): _____

Name: _____ Home Phone: _____ Work Phone: _____

Medical Information (allergies, etc.): _____

Registration Fee: \$30.00 to be paid at time of registration.

Registration form must be received before child can attend program.

Registration Fee check payable to: 'Norway Recreation Department'; send form & fee to:

Angie Paine, Norway Recreation Program Coordinator.
Norway Recreation Department
19 Danforth Street
Norway, Maine 04268-6002

RELEASE ASSUMPTION OF RISK, AGREEMENT TO INDEMNIFY AND HOLD HARMLESS, AND EMERGENCY MEDICAL RELEASE FORM:

In consideration of the permission granted for the above-named participant to take part in the Softball Pitching Clinic. I hereby release for myself and my heirs, the Town of Norway, its employees, volunteers and other program participants, from all actions, damages and claims that may result in personal injuries and property damages.

I recognize there may be inherent dangers in participating which may present a strain on the body and its parts, and furthermore, I represent to the best of my knowledge the participant is in the proper physical condition to allow participation. I therefore assume all risk associated with this program.

In the event of a medical emergency, I consent to the participant's treatment by a medical doctor and I agree to pay all costs associated with said treatment.

I, the undersigned, have read this release and understand all its terms and implications and I hereby execute this release of my own free will and with full knowledge of its significance.

Throughout the Program a picture may be taken of your child and put in the newspaper or on the Town of Norway web site.

____ Yes, I give permission for my child's picture to be used _____ No, I do not want my child's picture used

SIGNATURE of Parent/Guardian: _____ Date _____

E-mail address: _____