

EASTON RECREATION
2017 TEE BALL PROGRAM

Ages- All children born between May 1, 2011 and July 31, 2012 are eligible to play.

Playing Season – The season runs from May to mid-June 2017. Games are at 6:00pm, Monday-Thursday. There are usually 1-2 games per week depending on the schedule.

Registration – The cost is \$75.00 per child. This fee is non-refundable. **The deadline to register is Tuesday, March 28, 2017. Registrations will not be accepted after the deadline.**

Coaches – Volunteer coaches and assistant coaches are needed to run this program. Please indicate on the registration form if you are willing to help. A CORI form must be filled out by all coaches and assistant coaches. Please visit www.easton.ma.us under recreation -Tee Ball to print a volunteer CORI form. Please mail to the Recreation Department with a copy of your license.

Sponsorship – If your business/company would like to be a team sponsor please fill out the info below. The sponsor donation is \$110.00 and your business/company name will appear on the t-shirts of your team.

Questions – Please call the Easton Recreation Department at 508-238-3084

Child's Name: _____

Male: _____ Female: _____ DOB: ____/____/____

Address _____

(____) _____ (____) _____
Home Phone # Cell Phone

Email _____

If interested, please circle one and fill out your name and telephone

COACH ASSISTANT COACH

Name: _____

Telephone: _____

Please order the following size T-shirt (please circle one)

<u>CHILD</u>	Youth Small	Youth Medium	Youth large
<u>COACH</u>	Adult small	Adult Medium	Adult Large
	Adult Extra Large	Adult XXL	

SPONSORSHIP

I have included a donation of \$110.00

Please make checks payable to the "Town of Easton".

Name of Business/Company as it should appear on the shirt. _____

TOWN OF EASTON VOLUNTARY CONSENT AND RELEASE FORM (Students under 18)

I, _____ the undersigned parent/guardian of _____, a minor, do hereby consent to my child's participation in the **2017 TEE BALL PROGRAM** offered by the Town of Easton. I agree and covenant to forever release, acquit, discharge and hold harmless the Town of Easton and all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in voluntary athletic or recreation programs/activities of the Town of Easton from any and all claims of any nature whatsoever, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from any and all known or unknown personal injuries to my child or property damage resulting from or in any way growing out of, directly or indirectly, and which my said minor child has or hereafter may acquire, either before or after he/she has reached his/her age of majority resulting from my child's participation in the above-described voluntary activities occurring on the property of the Town of Easton's voluntary athletic or recreation programs/activities. I hereby forever, release, indemnify, defend, and hold harmless the Town of Easton against any and all legal claims of any nature or kind whatsoever and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to my child or property damage resulting from my child's participation in the Town of Easton's voluntary athletic or recreation programs/activities. I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that my child's participation in these programs/events is voluntary and that my child and I are free to choose not to participate in said programs/events. By signing this Form, I affirm that I have decided to allow my child to participate in the above described Town of Easton's athletic or recreation programs/activities with full knowledge that the Town of Easton will not be liable to anyone for personal injuries and property damage my child or I may suffer in the above-described voluntary activities.. As parent/guardian of the above-named minor child, in any absence, I hereby authorize the Town of Easton to transport the minor child to a hospital or to place him/her in the care of an ambulance attendant(s) for transportation to the hospital and give my consent for emergency medical care by a licensed Doctor of Medicine or Dentistry as may be warranted to preserve the wellbeing of my child.

Signed: _____ Parent or Guardian of: _____

Dated: _____ Medical Insurance Policy No: _____

**Please fill out this form, enclose a check payable to the Town of Easton and mail to
Easton Recreation Department 15 Barrows Street, North Easton, MA 02356**

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