

# Tiverton Recreation Summer Program 2016

Please bring Completed Forms and Payment to walk-in registration at  
TIVERTON TOWN HALL on SATURDAY, on SATURDAY, June 4 from 9am-12pm

## In The Zone SOFTBALL MINI-CAMP Registration Form 2016

**Program Location:** Bulgarmarsh Recreation Area Field  
**Head Instructor:** Dave Ulmschneider, Select Team Director at ITZ Sports, Inc.  
<http://www.itzbaseball.org>  
dave@itzbaseball.org  
508-677-3200

**Age Requirement:** Ages 6 - 12 (ALL SKILL LEVELS)

**Minimum enrollment:** 8

**Equipment needed:** All participants should dress comfortably with appropriate footwear and a hat/visor. Participants will need their own baseball/softball glove. Participants are encouraged to bring their own helmet, bat, and any other personal equipment that is appropriate for playing softball. We will have some limited helmets and bats on site for use. All participants should wear sunscreen, and are encouraged to bring sunscreen with them for reapplication during the day. All participants should bring a water bottle and a light snack each day.

### In the Zone Softball Camp for Boys & Girls

ITZ's professional staff of experienced coaches will provide the opportunity to learn the game of softball the way it should be played. There will be a strong emphasis on fundamentals and skill development while still creating an enjoyable atmosphere for the participants to have fun as well. Each camper will receive an ITZ t-shirt!

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Age (as of April 30, 2016): \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade (beginning fall 2016): \_\_\_\_\_

T-shirt size (Please circle one): Youth Medium      Youth Large      Youth X-Large  
Adult Small      Adult Medium      Adult Large

\*Home Phone: \_\_\_\_\_

\*Cell Phone: \_\_\_\_\_ I am able/prefer to receive Texts: Yes  No

\*Email: \_\_\_\_\_

Parent / Guardian: \_\_\_\_\_

*\*Email and at least one phone number required, as we send all information including program changes/cancelations via email & phone.*

\_\_\_\_\_ Session 1: Monday to Thursday, July 11 to July 14 from 9am-1pm (Friday would be a rain date)

\_\_\_\_\_ Session 2: Monday to Thursday, July 25 to July 28 from 9am-1pm (Friday would be a rain date)

### Fee & Payment Information:

\$100 per one week session, per child

#### OFFICIAL USE:

Session number: 1 \_\_\_\_\_

Amount Paid \$ \_\_\_\_\_ Check# \_\_\_\_\_ Cash<sup>✓</sup>: \_\_\_\_\_

- ❖ Make Check(s) payable to Town of Tiverton
- ❖ Registration Form and Waiver Form to be completed and Payment made at walk-in registrations only. If payment is not made at the walk-in registrations we cannot guarantee a spot in the class.
- ❖ **See the Waiver Form for refund policy.**
- ❖ This is a program sponsored by the Town of Tiverton, in partnership with In the Zone Baseball Club

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Waiver Form for: \_\_\_\_\_  
(PRINT CHILD'S NAME)

OFFICIAL USE:			
SB	BB	3 PAD	1 KAY
LAX	DC	CC	1 SUP

1. I, the parents/guardian of the name child, hereby give my approval for his/her participation in any/all activities during the Tiverton Recreation Commission's 2016 programs. I assume all risks and hazards incidental to such participation, including transportation to and from such activities, and hereby waive, release, absolve, indemnify, and agree to hold harmless all individuals responsible for the conduct or activity involving my child.

2. **MEDICAL CONDITIONS:** Also, I understand that registrations for children requiring special attention are reviewed on a case-by-case basis with the Recreation and program director(s). I understand that the Recreation Commission does not receive specialized training for various special needs, but will work with individuals as appropriate. I will provide as much detail as possible, including any physical/emotional needs or medications involved so that the staff will be able to provide a positive experience for each child.

Medical Conditions: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Does he/she carry an EPIPEN? \_\_\_\_\_ Is your child asthmatic? \_\_\_\_\_ Does he/she carry an inhaler for asthma? \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Health Provider/ Plan #: \_\_\_\_\_

Hospital Preferred: \_\_\_\_\_

3. **RISK FACTORS:** The undersigned understands and acknowledges that the use of equipment, facilities and services provided by the Town of Tiverton Recreation Commission involves risks such as, but not limited to, the following which might result from the use of equipment or facilities, from the activity itself, from the acts of others, or from the unavailability of emergency medical care - RISK OF PROPERTY DAMAGE, BODILY INJURY, AND POSSIBLE DEATH, and that he assumes all risks that arise from, but not limited to, those risk factors described above.

4. **RELEASE:** The undersigned releases the Tiverton Recreation Commission and the Town of Tiverton, its employees and agents, and ITZ Sports Inc. and its employees and agents, and agrees not to sue them on account of or in conjunction with any claims, causes of action, injuries, damage, cost of expenses arising out of the activity, including those based on death, bodily injury or property damage whether or not caused by the acts, omissions or other fault of the parties being released.

5. **EMERGENCY TREATMENT CONSENT:** The undersigned, as a participant in the subject activity, hereby consents to medical treatment in a medical emergency where the undersigned is unable to consent to such treatment.

6. **ACKNOWLEDGMENT:** The undersigned has read and understands this agreement.

7. **WITHDRAWAL & REFUND POLICY:** An email or mailed written withdrawal request **received 10 business days prior to the start** of the program will receive the full program fee. An email or mailed written withdrawal after the start of the program will receive no refund.

Parent / Guardian \_\_\_\_\_  
Signature

Parent / Guardian \_\_\_\_\_ Date: \_\_\_\_\_  
Please print

Child Name(s) \_\_\_\_\_  
Please print

**EMERGENCY CONTACT INFORMATION: Please list in order of preference and include parents/guardians:**

	Name	Phone	Relationship to Child
Call 1 <sup>ST</sup> :	_____	_____	_____
2 <sup>ND</sup> :	_____	_____	_____
3 <sup>RD</sup> :	_____	_____	_____
4 <sup>TH</sup> :	_____	_____	_____