



Department of Parks & Recreation  
 Recreation Division  
 101 Field Point Road - Greenwich, CT 06836-2540  
 Phone: 203-618-7649 – Email: [Recreation@greenwichct.org](mailto:Recreation@greenwichct.org)



**ACTIVITY NUMBER:** 30401

**DESCRIPTION:** The fall baseball clinics are offered to boys ages 8 through 12. Experienced instruction is provided over an 8-week period, outdoors, from September through October. Clinics are organized into the following two age groups:

- 8 & 9 year-olds: Instruction focuses on player pitching and catching, field positioning and strategy, basic fundamentals, batting, and game situations.
- 10 – 12 year-olds: Prepares players that may be moving up to Jr. Babe Ruth or other leagues and focuses on pitching, catching, game situations, field strategy, and more advanced skill work.

**REGISTRATION DATES:**

- Online: Opens **Monday, June 28** - online registration is only available to Greenwich residents. To register online go to [www.greenvichct.gov/webtrac](http://www.greenvichct.gov/webtrac), and log-in to your account.
- Mail-in for residents: Begins **Monday, July 12**- application should not be postmarked earlier than July 12.
- Mail-in for non-residents: Begins **Monday, July 26** - application should not be postmarked earlier than July 26. Registration closes Friday, August 13 or when the program has filled; space is limited.

2021 Residency must be verified before completing this application. [www.greenvichct.gov/residency](http://www.greenvichct.gov/residency)

Non-residents: primary family member and all participating family members, over 25 years, must provide identification and proof of address. Participants under 25 years, require a copy of birth certificate, passport, or guardianship.

**ELIGIBILITY:** 8 – 12: Must have turned 8 by the start of the program and not have turned 13.

**SESSIONS:**

<b>Section</b>	<b>AGE GROUP</b>	<b>DAY &amp; TIME</b>	<b>DATES</b>
A1	8 & 9 year-olds	Tuesdays: 4:15 p.m. – 6:15 p.m.	August 31 – October 26 No baseball Sept. 7 Rain Date: Thurs. Oct. 28
A2	10 – 12 year-olds	Wednesdays: 4:15 p.m. – 6:15 p.m.	September 1 – October 20 Rain Date: Wed. Oct. 27
A3	8 & 9 year-olds	Thursdays: 4:15 p.m. – 6:15 p.m.	September 2 – October 28 No baseball Sept. 16 Rain Date: Fri. Oct 29

**LOCATIONS:** 8 & 9 year-olds: Loughlin Avenue Field, Cos Cob  
 10 – 12 year-olds: Pemberwick Field, Glenville



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**STAFF:** Experienced baseball players/coaches will provide instruction. All staff are subject to a background check.

**VOLUNTEERS:** Parents, guardians, family members and friends are encouraged to volunteer! We could not run successful recreation programs without volunteers. Extra assistance on the field will make this a better experience for everyone.

**VOLUNTEERS**

\_\_\_\_\_ I am interested in assisting the Baseball Directors on the field with instruction, drills and/or coaching.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

<b>SECTION NUMBER</b>	<b>AGES</b>	<b>NUMBER OF PARTICIPANTS</b>
<b>A1</b>	8 & 9 year-olds	16
<b>A2</b>	10 – 12 year-olds	18
<b>A3</b>	8 & 9 year-olds	16

**FEES: \$140** payable to “Town of Greenwich” – **NO REFUNDS**

We accept Visa, MasterCard, American Express, and Discover credit cards for online registration. **There are no refunds and we do not pro-rate fees. Requests for credit 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 checks.**

**COMMENTS:**

- **COVID-19 safety measures shall be in effect as necessary.**
- Players supply their own fielding glove, bat, and baseball pants. Catcher’s equipment, baseballs and helmets are provided. All players will receive a warm-up shirt.
- Weather updates will be available on our Recreation Sports web site at [www.teamsideline.com/greenwichct](http://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.
- If mailing, send completed application, full payment, and proofs (if needed) to:

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



The Parks and Recreation Department reserves the right to use program or event photographs including participants in official Town of Greenwich media only (Website, newsletter, flyers and advertisements, Facebook, and/or Instagram). Please contact the Recreation Office if you object to the use of photographs of you or your child(ren) in Town media.

**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.

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Signature of parent or legal guardian \_\_\_\_\_ Relationship to participant \_\_\_\_\_

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Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

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Physician Name \_\_\_\_\_ Physician Phone \_\_\_\_\_

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Dentist Name \_\_\_\_\_ Dentist Phone \_\_\_\_\_

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

**YES NO** If yes, please explain:

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**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 organized baseball? Yes \_\_\_\_\_ No \_\_\_\_\_

**MUST ALSO COMPLETE PROGRAM REGISTRATION AND RELEASE ON THE NEXT PAGE**



# Program Registration (please print)

Program Name Fall Baseball Activity # 30401 Section(s) # \_\_\_\_\_

Participant's Name \_\_\_\_\_ Gender (M/F) \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip Code \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

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 \_\_202\_\_

Signature of Participant or Parent or Guardian for participants under 18 years of age:

\_\_\_\_\_

**Town of Greenwich Parks and Recreation—Anti-discrimination Policy**

It is the Town of Greenwich's policy to provide full, equal and nondiscriminatory access to its park facilities, beaches and recreation areas in accordance with applicable state and federal laws. The Town's park facilities, beaches and recreation areas are open to all Town residents and other members of the general public admitted thereto in accordance with, and subject to, applicable state and federal laws, and ordinances, and regulations promulgated by the Director of Parks and Recreation and the Selectmen. It is the policy of the Town of Greenwich that all Town ordinances, regulations, policies and rules with respect to the Town's park facilities, beaches and recreation areas are applied consistently without regard to race, creed, color, national origin, ancestry, sex, sexual orientation, marital status, lawful source of income, mental retardation, mental disability or physical disability, including but not limited to blindness or deafness or any other legally protected classification. The Town complies with all applicable federal and state laws regarding non-discrimination, equal opportunity, affirmative action, and providing reasonable accommodations for persons with disabilities. If you require an accommodation to participate, please contact the Commissioner of Human Services at 203-622-3800 or [demetria.nelson@greenwichct.org](mailto:demetria.nelson@greenwichct.org) as soon as possible in advance of the event.

<b>OFFICE USE ONLY</b>				
HH # _____	Check # _____	Receipt # _____	Proof _____	Initials _____