Williamsburg Recreation
T-Ball Registration
2010

Name_____ Age_____ Grade_____

Address_____

Parent/Guardian Name _____

Telephone #_____(home) _____(work)

E- mail: _____

Any Medical Restrictions?_____

Are you able to volunteer to help your child's team? Yes no
Are you able to help with field maintenance? Yes no

Fees: Registration $10 _____
Shirt and hat $15 _____
_____ **Total**

If you already have a shirt and hat from previous years you don't need to get another. Please make checks payable to the Town of Williamsburg.

Return to:

Recreation Department
Williamsburg Town Offices
141 Main Street
Haydenville, MA 01039

Do not return to the school/teacher

As parent/guardian of the above-named child, I recognize and understand that participation in any of the sporting activities sponsored by the Town of Williamsburg Recreation Department may be dangerous. With this knowledge and understanding, I hereby grant permission for the above-named child to participate in sporting activities sponsored by the Town of Williamsburg Recreation Department. I agree to release, indemnify, defend and hold harmless the Town of Williamsburg Recreation Department, its employees and agents, including coaches and league officials, from and against any claims made by or on behalf of the child listed above for any accident injury or death which occurs as a result of that child's participation in sporting activities sponsored by the Town of Williamsburg Recreation Department. I further recognize that the Town of Williamsburg Recreation Department, its employees and agents including coaches and league officials maybe required to administer first aid to the child listed above and/or arrange for transportation of that child to a local hospital for treatment as a result of an accident or injury arising from participation in sporting activities sponsored by the Town of Williamsburg Recreation Department. I give my permission for the administration of first aid to, or transportation to a local hospital of the child listed above. I agree to release indemnify and hold harmless the Town of Williamsburg Recreation Department its employees and agents, including coaches and league officials from and against any claims made by or on behalf of the child listed above for any accident, injury or death which occurs as a result of administration of first aid to or transportation to a local hospital of the child listed above.

Parent/Legal Guardian: _____ Date:_____
(signature)