

Stone Chiropractic Center Baseball Camp 2011
Cosponsored by Watertown Parks and Recreation
Deland Field

PRO-KIDS PROFESSIONAL BASEBALL CAMP

CHILD'S NAME: _____

PARENT'S NAME: _____

ADDRESS: _____

HOME TELEPHONE NUMBER: _____

E-MAIL _____

EMERGENCY CONTACT: _____

ALLERGIES/SPECIAL NEEDS: _____

AGE AS OF JUNE 1ST: _____ DATE OF BIRTH: _____ M _____ F _____

THIS 3-DAY CAMP IS INSTRUCTED BY FORMER MAJOR LEAGUE BALL PLAYER TONY FERRIERA OF THE ROYALS, CARDINALS & METS. THIS PROGRAM IS SPONSORED BY THE STONE CHIROPRACTIC CENTER, LLC AND CO-SPONSORED BY THE WATERTOWN RECREATION DEPARTMENT.

DATES: MONDAY-JULY 25 – WEDNESDAY- JULY 27
AGES: BOYS / GIRLS 13+
TIME: 1PM – 3:45 PM **NO RAIN DATES**
COST: \$150 PER ATHLETE **NO REFUNDS**
Please make check payable to
SCC Baseball Camp
51 Depot Street
Watertown,Ct 06795

I HEREBY GIVE MY CHILD, _____, PERMISSION TO PARTICIPATE IN THE WATERTOWN RECREATION DEPARTMENT'S SUMMER PROGRAM(S) AND I ALSO HEREBY, IN THE EVENT OF ACCIDENT AND/OR INCIDENT, WAIVE ALL CLAIMS AND/OR DAMAGES AGAINST THE TOWN OF WATERTOWN, CONNECTICUT, THE WATERTOWN RECREATION DEPARTMENT, WATERTOWN BOARD OF EDUCATION AND/OR COACHES AND/OR THEIR AGENTS. MY CHILD HAS MY PERMISSION TO PARTAKE ON TRIPS/OUTINGS OUTSIDE OF THE PROGRAMMED AREAS AS PLANNED BY THE WATERTOWN RECREATION DEPARTMENT. THE UNDERSIGNED, HEREBY RELEASES THE TOWN OF WATERTOWN AND INSTRUCTOR FROM ALL ACTIONS CAUSES OF ACTION, SUITS, CONTROVERSIES, PROMISES, DAMAGES, JUDGMENT, EXTENT, EXECUTION, CLAIMS AND DAMAGES WHATSOEVER IN LAW OR EQUITY WHICH AGAINST THE TOWN OF WATERTOWN BY MYSELF, MY HEIRS, OR HEREAFTER CAN, SHALL OR MAY, HAVE FOR, UPON, OR BY REASON OF ANY MATTER CAUSE OR THING WHATSOEVER FROM THE BEGINNING OF THE WORLD FOREVER HEREAFTER IN CONNECTION WITH MY PARTICIPATION IN SPORTS AND RECREATIONAL ACTIVITIES UPON PREMISES AND/OR LANDS OWNED BY THE TOWN OF WATERTOWN. IN PARTICIPATING IN SAID RECREATIONAL ACTIVITIES/CONTACT SPORTS I UNDERSTAND THAT THERE ARE CERTAIN RISKS THAT I MAY BE INJURED OR INCUR PHYSICAL HARM OR INJURY AND I ASSUME SAID RISKS OF MY OWN FREE WILL KNOWING THAT I SHALL BEAR FULL RESPONSIBILITY FOR MEDICAL COSTS, CARE TREATMENT, S OR ANY OTHER COSTS OR DAMAGES TO ME AS A RESULT OF SAID INJURIES. I HAVE READ THE ABOVE STATEMENT AND I VERIFY THAT MY CHILD IS IN GOOD HEALTH AND IS COVERED BY PARENT'S MEDICAL INSURANCE.

DATE: _____

(Signature of Parent or Guardian)