

By signing this permission form for my child to participate in the Chatham Recreation & Beaches Baseball/Softball/T-Ball Program, I agree to the following conditions:

- I give permission for my child to receive medical treatment in the event of injury at either a practice or a game while participating in this program;
- In consideration of your accepting my entry, I, the undersigned parent/guardian of the minor child named above, intending to be legally bound do hereby for myself, my heirs, executors and administrators, waive and release forever any and all rights and claims or damages I may accrue against the Town of Chatham, its contractors, instructors, aides, their successors, representatives and assigns, for any and all injuries suffered as a result of traveling to and from and while participating in the above named program. In the absence of a parent/guardian signature below, payment of fees and participation in the program shall constitute acceptance of the conditions set forth in the waiver.
- I agree pictures taken during program hours may be used for future promotional purposes.

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

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

Date: \_\_\_\_\_

Registration Form & Fee Received By: \_\_\_\_\_

Check # \_\_\_\_\_ Amount: \_\_\_\_\_

Chatham Recreation & Beaches  
Chatham Community Center  
702 Main Street  
Chatham, MA 02633

## Chatham Recreation & Beaches

**Recreational T-ball/Baseball  
Grades K & 1**

**Recreational Softball  
Grades 2—6**



**Registration dates:**  
Grades K & 1 ~ ongoing—May 5th  
Grades 2-6 Softball ~ ongoing—April 14th

**Registration Dates/Cost:**

**Grade K & 1** = \$15.00 per child

Registration deadline: May 5th

**Softball ~ Grades 2 - 6** = \$30.00 per child

Registration deadline: April 14th



**Eligibility:** This program is open to all grade K - 6 school age children who either reside in Chatham or attend MRSD as a school choice student.

**Equipment needed:** Players must bring a glove. Cleats are optional but recommended. A water bottle is also recommended.

**Coaches:** Coaches are always needed!! Please identify yourselves ASAP!

**COACHES  
NEEDED!**

Chatham Recreation & Beaches  
Chatham Community Center  
702 Main Street  
Chatham, MA 02633

Phone: 774-701-0473  
Fax: 508-945-5159

E-mail: [sfrederick@chatham-ma.gov](mailto:sfrederick@chatham-ma.gov)  
Questions? Contact Sue Frederick

**Details**

**Grade K—1 - Boys & Girls** Will play on Saturday mornings from 9:00-10:00 at Volunteer Park. This program will introduce the fundamental skills of throwing and catching a soft 9" ball (baseball size), and offer basic instruction in batting. Mornings will consist of a 1/2 hour practice and 1/2 game. Season runs May 6th – June 10th.

**Cost:** \$15.00  
\* Please note, no tee ball on May 27th.

**COACHES  
NEEDED!**

**Grades 2 – 6 SOFTBALL - Girls** There will be games against other towns which will require travel. League games begin early May and the season will run through mid June.

- Grades 2 & 3 ~ Monday evening games
- Grades 4—6 ~ Tuesday evening games
- MAKEUP GAMES—Thursday evenings

\*Coaches will establish practice day & time.  
\*\*Practices will begin in April as the weather permits.  
**Cost:** \$30.00



**\*\*\*Once the registration period is closed, late registrations / additions will be taken on a team need basis only and that will be left up to the direction of the Recreation Coordinator and Coach of the individual team.**

Please return registration form to the Community Center with check made payable to "Town of Chatham".  
**Sorry, we do not accept cash**

**\*\*If we have your information in our new RecPro system and there are no changes, please fill in child's name, grade & sign waiver on the back.**

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

Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Town (Chatham, North, South, West) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent(s)/Guardian(s): \_\_\_\_\_

Home Tel. Number: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Tel. Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship to your child: \_\_\_\_\_

Contact's phone #: \_\_\_\_\_

Child's Physician: \_\_\_\_\_

Office tel. number: \_\_\_\_\_

**Are there any allergies, medications or health issues that we should know about?**

**YES, I would like to: COACH \_\_\_\_\_ HELP COACH \_\_\_\_\_**

Your Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**(The registration fee is waived for a coach's child)**

Cut here and keep this side  
Send this side in to Chatham Community Center