



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)



## CO-ED T-BALL 2017

### Ages 4 and 5

ACTIVITY NUMBER: 10405

**ELIGIBILITY:**      Section # 1: 4 year-old T-Ball – Must be 4 yrs old by April 30, 2017  
                            Section # 2: 5 year old T-Ball – Must be 5 yrs old by April 30, 2017

A copy of child's birth certificate, passport, or baptismal record must be attached to application.

**REGISTRATION DATES:**

- Online: Monday, January 30 - online registration is only available to Greenwich residents. To register online go to [www.greenwichct.org/webtrac](http://www.greenwichct.org/webtrac) and select "Activity Registration."
- Mail-in: Monday, February 13 - application should not be postmarked earlier than February 13.
- In-person: Monday, February 27 at the Bendheim Western Greenwich Civic Center weekdays, 9:30 AM - 2:00 PM. Non-residents may sign-up starting Monday, February 27. Registration closes Friday, March 31 or when the program has filled; space is limited.

**If not yet provided in 2017, residents must provide proof of residency and non-residents must provide identification and proof of address.** Resident primary addressee must provide two proofs and any household member 25 years or older must provide one proof for the purchase of passes, activities or tickets.

*Proofs for Greenwich residents may include: residential lease, utility bill (Gas, electric, water, oil), credit card bill, bank statement (not mortgage), cable bill, phone bill (not cell), driver's license, DMV ID. Proofs of Greenwich residential address must be current and show resident name.*

**LOCATION:**      All games will be played on the Barradas field next to the Bendheim WGCC

**PROGRAM:**      Saturdays - April 22 through June 3  
(Subject to change due to field conditions, rain, or other circumstances beyond our control). **Rain make up dates will be held on Sundays.**

4 year-olds will play every Saturday, 12:15 PM – 1:00 PM. Playing times will vary for 5 year-olds each Saturday within the 1:15 PM – 4:30 PM time frame. Each Participant will receive a schedule.

**FEE:**              \$94.00 payable to **"Town of Greenwich"**

**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 \$25.00 fee for any returned checks.**

\*We accept Visa, Master Card, and Discover credit cards for resident on-line registration and at the Bendheim Western Greenwich Civic Center weekdays, 9:30 AM - 2:00 PM.

**COMMENTS:**

- Players supply their own fielding glove
- Team shirts and hats will be provided
- Team pictures will be taken on Saturday, April 29 at the Bendheim Western Greenwich Civic Center
- Game schedules and weather updates will be available on our Recreation Sports website 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 application and payment, please send to the following address: **Bendheim Western Greenwich Civic Center, 449 Pemberwick Rd, Greenwich, CT 06831, Attn: T-Ball**

**\* If any part of this application is not complete it will be returned to you \***

Volunteer coaches are **ESSENTIAL** to this program. Acceptance of ALL applicants and number of teams depends on the number of volunteer coaches. The Town of Greenwich promotes the ideals of the Positive Coaching Alliance and provides certification to all coaches. Coaches will also be subject to a background check.

**REGISTRATION WILL BE PUT ON HOLD IF THERE IS A LACK OF COACHES**

Anyone interested in coaching must attend the following:

1. Complimentary Positive Coaching Alliance Workshop: **Tuesday, March 28, 7:00 PM**  
at the Eastern Greenwich Civic Center, 90 Harding Road, Old Greenwich
2. Coaches meeting will take place on **Wednesday, April 19, 7:00 PM** at the Bendheim
3. Western Civic Center, 449 Pemberwick Road, Greenwich.



**VOLUNTEER COACHES ARE ESSENTIAL TO THIS PROGRAM  
WITHOUT THEM THERE IS A POSSIBILITY YOUR CHILD MAY NOT HAVE A TEAM TO PLAY ON**

**Head Coaching**  **Assistant Coaching** and will fill out the required background check and attend the clinics and meetings listed.

I am not interested in head/assisting coaching, but would like to help my child's team by:

Team Parent  Bench Monitor

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

Email \_\_\_\_\_

**2017 CO-ED T-BALL 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.

Signature or parent or legal guardian \_\_\_\_\_

Relationship to participant \_\_\_\_\_

Home phone \_\_\_\_\_

Work phone \_\_\_\_\_

Cell phone \_\_\_\_\_

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

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

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

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

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

YES    NO    If yes, please explain: \_\_\_\_\_

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 T-Ball? Yes \_\_\_\_\_ No \_\_\_\_\_

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



## Program Registration (please print legibly)

Program Name \_\_\_\_\_ Activity # \_\_\_\_\_ Section # \_\_\_\_\_

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 \_\_\_\_\_ 201\_\_\_\_.

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