



Department of Parks & Recreation
Recreation Division
101 Field Point Road - Greenwich, CT 06836-2540
Phone: 203-618-7649 Email: recreation@greenwichct.org



2020 Small Fry I Baseball

Age 6

ACTIVITY NUMBER: 10405 Section # 3

DESCRIPTION: An instructional league for 6 year-olds that incorporates coach pitching and using the T if necessary. Coaches will pitch to the players on their team. If a player does not put the ball in play after the 5th pitch, the T will be brought out. There are no strike outs. This program will meet on Saturday afternoons only. Practice will precede a 3 inning game. Total time for practice and game is 1.5 hours.

An advanced Small Fry Program (II) is offered for **7 year-olds; 5 year-olds may play T-Ball. Visit the Town's Website for more information on both of these programs - www.greenwichct.gov*

AGE REQUIREMENT: MUST be 6 years old on/before April 30, 2020. Children 5 years of age, NOT turning 6 on/before April 30, 2020 play in the T-Ball League and 7 year-olds play in the Small Fry II league (see website for information and registration). Copy of birth certificate, passport or baptismal record **is required** for those who did not participate in the Town's T-Ball program at Bendheim WGCC and must be attached to registration form.

REGISTRATION DATES:

- **Online: Monday, January 27** - online registration is only available to Greenwich residents. To register online go to www.greenwichct.gov/webtrac and select "Activity Registration."
- **Mail-in: Monday, February 10** - application should not be postmarked earlier than February 10.
- **In-person: Monday, February 24** at the Bendheim Western Greenwich Civic Center weekdays, 9:30 a.m.- 2:00 p.m. Non-residents may sign-up starting Monday, February 24. Registration closes Friday, March 27 or when the program has filled; space is limited.

Greenwich residents are required to provide proof of residency once per calendar year for all Parks and recreation programs. The primary family member is required to provide two current proofs of Greenwich residency. Acceptable proof documents with resident name, date, and Greenwich address are as follows: Residential Lease; Utility Bill (gas, electric, water, oil); Cable, Telephone, or Internet Bill (not cell phone); Credit Card or Bank Statement (no mortgage statement); Driver's License or DMV CT State ID. Family members participating in this program who are under 25 years of age require a copy of their birth certificate, passport, or guardianship on file.

For non-residents, the primary family member, as well as all participating family members who are over 25 years of age, must provide identification and proof of address. Non-resident participants under 25 years of age require a copy of birth certificate, passport, or guardianship.

PROGRAM: Begins on April 25 (depending on field conditions) through June 6. Practice and games will be at the Bendheim Western Greenwich Civic Center Barradas Field. Practice/Games will be between 1:00 p.m.- 5 p.m. on Saturdays only. **Participants will receive a schedule with team appointment and playing times for the season.** Playing time will vary each Saturday within the 1:00 p.m.– 5 p.m. time span.

TEAMS: Players will be assigned to a team based on the school they attend. We make no guarantees but will try to handle special requests or accommodations on a "first-come, first-serve" basis.

COACHES: 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 *National Alliance for Youth Sports* and provides certification to all coaches. Coaches will also be subject to a background check.

Anyone interested in coaching must attend the League Coaches meeting: **Wednesday, April 22, 7:00 p.m.** at the Bendheim Western Greenwich Civic Center, 449 Pemberwick Road, Greenwich AND complete the online baseball coaches training at www.NAYS.org. Additional information will be provided.



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

_____ I am interested in ☐ **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 _____

FEE: \$96.00 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 \$15.00 administrative fee for credits and a \$25.00 fee for any returned checks. *We accept Visa, Master Card, American Express and Discover credit cards for resident on-line registration and at the Bendheim Western Greenwich Civic Center weekdays, 9:30 a.m.-2:00 p.m.

COMMENTS:

- Players supply their own fielding glove
- Team shirts and hats will be provided
- Team pictures will be taken on Saturday, May 2 at the Bendheim Western Greenwich Civic Center
- Game schedules and weather updates will be available on our Recreation Sports web site at 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: Small Fry Baseball I



2020 Small Fry I
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)

Program Name _____ Activity # _____ 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 Small Fry 1 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 alan.barry@greenwichct.org as soon as possible in advance of the event.

Office use only:

HH# _____ Check # _____ Receipt # _____ Proof _____ Initials _____