

INDEPENDENCE TOWNSHIP PARKS, RECREATION & SENIORS



2017 TR BUDDY BASEBALL LEAGUE

Mondays, 6/19/17 - 7/31/17
from 6:00 pm - 7:00 pm
at Sashabaw Plains Park



Register your child as a player or buddy for our outstanding TR Buddy Baseball program! TR Buddy Baseball is a non-competitive recreational league for boys and girls, ages 7-14, with cognitive disabilities, with or without physical impairments. Each player is paired with a buddy, ages 10-17*, to assist them during warm ups, drills, and on the field. (*Please note the change in buddy age requirement. Starting 2017, buddies must be 10-17 years old.)

This 6 week league is held on Monday evenings from 6-7pm on 6/19, 6/26, (skip 7/3), 7/10, 7/17 and 7/24, and 7/31/17 at Clintonwood Park. Clintonwood Park is located at 6000 Clarkston Rd. in Clarkston. If needed, the makeup date will be 8/7/17. Buddies and Coaches will also need to attend a mandatory meeting on Monday, 6/12/17 at 6pm in the Township Hall Meeting Room.

Cost is for \$40/res, \$50/non res and \$10 for Buddies. Registration begins 4/3/17 and ends 5/12/17. After 5/15/17, add a \$10 late fee, pending space is available. For registration forms go to www.itprs.org and click on the Forms & Flyers link.

COACHES AND SPONSORS ARE NEEDED TOO!

For more information call the ITPRS office at (248) 625-8223 or contact Danielle Wescott, TR Coordinator, at (912) 660-6527 or email dwescott@indetwp.com.



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6483 Waldon Center Drive, Clarkston, MI 48346 • 248.625.8223 • ITPRS.ORG

Making our community a better place to live, work and play by building connections with neighbors and the outdoors.



2017 TR BUDDY BASEBALL REGISTRATION FORM

Registering (Circle One):

PLAYER

BUDDY

Name: _____ Age: _____ (players 7-14, buddies 10-17) DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Special Requests (if you have a player, buddy, or coach you'd like to be matched with): _____

Shirt Size (circle): Child Small Child Medium Child Large Adult Small Adult Medium Adult Large

Interested in Coaching or Sponsoring?

Name: _____ Email: _____ Circle One: COACH SPONSOR
or contact TR Coordinator, Danielle Wescott at dwescott@indetwp.com or (912) 660-6527 for more information.

Would you like to be notified by email about cancellations?

Circle One: YES NO

Add your email address above and look for an email from cancellations.com to set up your account and create a password!

Emergency Contact Information:

Mother's Name (or guardian): _____ Cell #: _____

Father's Name (or guardian): _____ Cell #: _____

Other: _____ Cell #: _____

Medical Information: Please indicate "YES" or "NO" and explain severity, if necessary

Seizures: _____ Emergency Medications: _____

Hearing Impairment: _____ Visual Impairment: _____

Respiratory Problems: _____ Urinary Problems: _____

Behavioral Problems: _____ Allergies: _____

Physical Limitations: _____ Developmental Disability: _____

Any other special needs or pertinent information: _____

I verify my child is in good health and that he/she is in good physical condition and able to participate in the activity for which he/she is enrolling and has not been advised otherwise by qualified medical personnel and that all of his/her immunizations are complete and up to date. I take full responsibility for his/her health while participating in programs and activities and acknowledge that the activity sponsored by Independence Township could be injurious and participant accepts his/her risk with full knowledge that some programs require the assistance of volunteers. Further, I expressly grant permission and assume full responsibility for my child's participation in any field trip and/or activity connected with the program registered for. I further agree that in the event of disciplinary action or the health of my child warrants dismissal from the activity, the child will be returned home at my expense. It is further warranted that if this form is signed by one of two parents or guardians, it is with the authority and consent of the other. The undersigned, on behalf of himself or herself, or as parent or guardian of such individual, assumes all responsibility for the above participant while enrolled in the activities sponsored by the Parks, Recreation & Seniors Department of Independence Township and with the respect to any actions taken in pursuance of such activities either before or after the activity. Moreover, it is agreed that the Township of Independence and its several departments, officers, and employees shall not be liable nor responsible for any property damage and/or personal injury and/or other loss or damage suffered by the participant, on his or her own behalf, or as parent or guardian of participant, release and forever discharge each of such entities and persons from any and all actions, causes of actions, claims and demands with respect to any and all such damage, injury or loss. I understand that it is my responsibility to notify the Parks, Recreation & Seniors Department of any changes in health which may affect participant's participation. In the event of any injury, permission is hereby given to the Parks and Recreation Department, and to the Director of such department to see that first aid and medical attention are given to the participant, at the discretion of the Director of the Department, or his or her agent or employee in connection with the activity in question. The participant represents that he or she is in good physical condition and able to participate in the activity for which he or she is enrolling and the participant shall be responsible for his or her own health and acknowledges that the activity in which the participant is enrolling may be injurious, and participant accepts his or her risk with full knowledge that some athletic programs require the assistance of unscreened volunteer coaches. Photographs may be taken at certain Recreation Department activities, and, unless the department receives signed, written objections, photos may be reproduced for publication.

Signature of Parent or Guardian

Date

"I have reviewed the Parent/Youth Athlete Concussion Information and the Parent Code of Conduct Information provided by ITPRS." These documents will be emailed with your receipt of payment.

Signature of Parent or Guardian

Date

If you are emailing or faxing in this registration form, please call 248-625-8223 to verify that we have received your registration and to provide payment. Checks can be mailed with registration. Please DO NOT include credit card information on this form.