

ALL FIELDS ARE REQUIRED

EXTRA BASES SUMMER BASEBALL CLINIC

Walpole Little League Fields
See prices below
Bill O'Connell

See times below
Daily: See dates below
Ages 7 - 12

ADDITIONAL FAMILY MEMBERS MAY DEDUCT \$25 FROM THE CLINIC FEE IF THEY REGISTER AT THE SAME TIME

CLASS#:	AGES:	DATES:	TIME:	FEE:
SBP1	7 - 8	June 23 - June 25	9 am - 1 pm	\$135 / \$145 Non-Res
SBP2	9 - 12	July 12 - July 16	9 am - 2 pm	\$190 / \$200 Non-Res
SBP3	9 - 12	July 19 - July 23	9 am - 2 pm	\$190 / \$200 Non-Res
SBP4	9 - 12	July 26 - July 30	9 am - 2 pm	\$190 / \$200 Non-Res
SBP5	9 - 12	Aug. 16 - Aug. 20	9 am - 1 pm	\$135 / \$145 Non-Res

GENERAL INFORMATION

- Warm up program and individual practice program
- FUNdamental instructional stations daily
- Individual assessment and extra help
- Counselors are former and current Walpole High School players
- Camp t-shirt for every camper
- Please bring a glove and water bottle to the program each day

PRIMARY CONTACT NAME: _____ PRIMARY CONTACT D.O.B.: _____ (REQUIRED)

EMAIL: _____

HOME PHONE: _____ CELL: _____ WORK PHONE: _____

MAILING ADDRESS: _____

SECONDARY CONTACT: _____ (STREET) _____ (TOWN) _____ (ZIP) PHONE: _____

REGISTRANT KNOWN ALLERGIES: _____

CLASS #	REGISTRANT'S FULL NAME	SEX	DATE OF BIRTH	GRADE (FALL '10)	FEE
MAKE CHECKS PAYABLE TO : TOWN OF WALPOLE					TOTAL

Position: _____ Shirt Size (adult sizes only) SMALL MEDIUM LARGE EXTRA LARGE

Secondary Emergency Contact: _____ Phone: _____ Relationship: _____

Insurance Co.: _____ Policy Number: _____

Read and Sign Below: I am fully aware of the risks inherent and hereby give my consent for the above named registrant(s) to participate in the program(s) offered by the Walpole Recreation Department, and hereby release the Town of Walpole, any of its elected or appointed officials or instructors, employees, volunteers, or program coordinators from any and all liability from injuries, claims, demands, costs, loss of services, expenses and/or damages sustained by me or us or our minor children on account of his or her participation in said program or event.

DATE: _____ SIGNATURE: _____ PRINTED NAME: _____

____ Registrants may be photographed while participating in Recreation Department programs. Please provide your permission to publish INITIALS photographs of the enrolled registrants in our brochure or other printed material by providing your initials.

FOR OFFICE USE ONLY		TIME STAMP	COMPUTER INITIALS
DATE RECORDED: _____ / _____ / 2010	RECEIVED BY: _____		
CK # _____	CASH # _____	AMOUNT: _____	