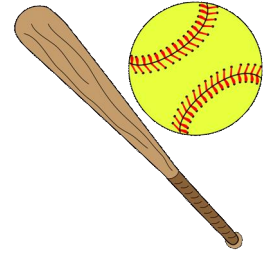


SUMMER SOFTBALL CLINICS



- Dates:** July 2 through July 19
Monday and Thursday nights, 6-sessions
Deadline to register w/payment is Thursday, June 21*
- Times:** 6pm to 8pm each night
- Location:** Municipal Athletic Complex - Hansen Field
(Scotch Road)
- Ages:** Entering Grades 3 to 8
- Cost:** \$155/player (\$140 for Hopewell Twp. Resident)

***Late Fee:**

There will be a \$20 late fee assessed to any registration accepted after the deadline. No walk-ons accepted.



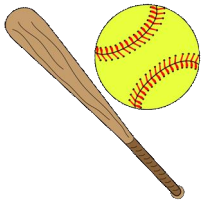
Former CHS standout and current Robbinsville HS Varsity Softball Coach Lisa Rich and her staff will lead this series of clinics of softball fundamentals and skills development. Areas of instruction will include hitting, pitching, bunting, infield and outfield play, catching and base running. Players should dress in softball clothing including cleats and softball pants (no shorts) and bring their own gear and drinks each night. *All participants registered w/ payment before the deadline will receive a T-shirt.* This will be a great opportunity to build confidence, develop skills and meet new friends in the off-season!



Refund Policy: Registrants who withdraw prior to the start of a program may be issued a refund only if the HTPRD is notified in writing at least ten (10) working days prior to the event or start of the program. NO REFUNDS will be granted once a program has begun. A \$20 administrative service charge will be deducted from any refund granted.

Registration forms are available at www.hopewelltpw.org
or call the HT Parks & Recreation Department at
(609) 737-3753 to register





**HOPEWELL TOWNSHIP
PARKS AND RECREATION DEPARTMENT
BULLDOGS SOFTBALL CLINICS REGISTRATION FORM – 2018**

Participant Information:

Name: _____ DOB _____ Age: _____ Grade Completed: _____ Gender: _____

Address: _____
Street City, state, zip

Primary Contact (Parent or Guardian):

Name _____ Email _____

Cell Phone: _____ Home Phone _____

Emergency Contact (Parent, Guardian or Other):

Name: _____ Cell Phone: _____

Mon. & Thurs. Nights 7/2 to 7/19 (Deadline June 21) \$155 (\$140 HT Resident)

Late Fee if registration is accepted after deadline \$20



Note: HT Resident denotes discounted program fee for Hopewell Township residents only.

Position Played (primary) _____ (Secondary) _____

Shirt Size: Y Sm 6-8 _____ Y Med 10-12 _____ Y Lg 14-16 _____
Ad Sm _____ Ad Med _____ Ad Lg _____ Ad XL _____

Registrants of all ages, by virtue of their participation, agree to be photographed and have pictures published as part of promotional and media campaigns unless we are formally notified of your expressed desire to be excluded.

HOPEWELL TOWNSHIP HOLD HARMLESS AGREEMENT & MEDICAL RELEASE: Participants assume all reasonable risks which may exist by virtue of participating in these activities and hereby indemnify, hold harmless, waive and release any and all rights and claims for damages against the Township of Hopewell, its agents, servants and employees, Hopewell Township Parks and Recreation, its agents, servants and employees, and other such individuals who may be involved in the planning and implementation of the program, for claims by participants, heirs, executors, administrators, or any other third parties for injuries that may arise from participation in this program, or acts of negligence or gross negligence arising out of this agreement. I hereby further authorize emergency medical care for my child/children during attendance in the Bulldog Baseball Camp program. If, in the judgment of the staff, treatment is required for any injury or illness, I also hereby authorize the administering of anesthetics and recourse to other procedures deemed necessary by attending physician. I understand that whenever possible I will be notified prior to medical treatment of my child/children, or at the earliest possible time should prior notice prove impossible. I further understand that I am financially responsible for any medical expenses or emergency transportation incurred on my child/children behalf.

Please be aware my child has the following medical conditions:

SIGNATURE OF PARENT: _____ **DATE:** _____

Make checks payable and send to:

**HOPEWELL TOWNSHIP PARKS & RECREATION DEPT.
201 Washington Crossing-Pennington Road
Titusville, NJ 08560**

Phone # (609) 737-3753