

# Wolfpack Baseball Skills & Development

This is a great opportunity for ballplayers from ages 7-15 to advance their skills in different aspects of the game. The experienced staff will teach players through a hands-on approach. This youth development clinic will cover all skills of the game including hitting, fielding, throwing, base running, and situational play.

**Date: July 14 – July 17, 2025** (Rain date July 18)

**Where: Palmer Park**    **Ages: 7 – 15**

**Time: 9am-2pm**

**Registration Fee: \$250**(residents) & **\$275**(nonresidents)

**Registration Deadline July 3, 2025**

**(\$25 LATE FEE received after the Deadline Date)**

**Payment Options:** Check   Cash   Credit Card (2.65% fee for credit card usage)

If you have any questions, please call the Recreation Department at 908-876-5941. Make Checks payable to **WT Recreation** – mail check, along with the flyer to: Washington Twp. Recreation 50 Rock Rd. L.V., NJ 07853

**Name:** \_\_\_\_\_ **Age** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Emergency #:** \_\_\_\_\_

**Medical Condition:** \_\_\_\_\_

If the participant has individualized needs due to a disability, please check the following and someone will contact you regarding reasonable accommodations.  Yes, I will need to be notified regarding special considerations for my child. **Unless otherwise noted as multigenerational, programs are children-only in order to gain the maximum benefit from instruction and peer interaction.** **Rules and Regulations:** Any complaints regarding the conduct of any instructor should be reported directly to the Recreation Director •Disrupting or interfering with the workout of any participant is not permitted. Respect the rights of others by using courteous and appropriate behavior • Participants must conduct themselves in an orderly and appropriate manner • Participants must wear appropriate exercise attire and footwear at all times •Failure to adhere to any policies may result in removal from the program and no refund will be offered• Participants exercise at their own risk. \_\_\_\_\_ **Initials** **SORRY NO REFUNDS**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Participant Liability Waiver and Hold Harmless Agreement (attached)**

# WASHINGTON TOWNSHIP RECREATION

## Participant Liability Waiver and Hold Harmless Agreement (Parent/Guardian Consent for Minor Child)

Please read this form carefully and be aware that by registering/participating in the program(s), or by registering for participation in this program(s), you will be waiving your rights to all claims for injuries you might sustain arising out of this program(s). You will be required to indemnify, hold harmless and defend **Washington Township Parks & Recreation and Township of Washington, its directors, offices, agent, employees, volunteers, sports instructors, and any fitness/exercise instructors** for any claims arising out of participation in said program(s)

I \_\_\_\_\_, sign this Hold Harmless as my Voluntary act and by this act agree: As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury. I agree to assume the full risk of injuries, including death, damages, or loss which I may sustain as a result of participating in any and all activities associated with this program.

I further agree to indemnify, hold harmless and defend **Washington Township Parks & Recreation, Township of Washington, its directors, offices, agent, employees, volunteers, and any fitness/exercise instructors** from any and all claims from injuries, including death, damages and losses which may occur in any way associated with the activities of the program.

I agree to waive and relinquish any and all claims I may have arising out of, connected with, or in any way associated with the activities of the program.” In the event of any emergency, I authorize the Township of Washington and Washington Parks & Recreation dept. to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed reasonable and necessary for my immediate care and agree that I will be responsible for payment of any and all medical services rendered.

**I have read, and fully understand, and agree to the above Participant Liability Waiver and Hold Harmless Agreement.**

**The Parent/Guardian and Participant have read and fully understand and agree to the above Participant Liability Waiver and Hold Harmless Agreement.**

**(Parent/Guardian)**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(Minor)**

Print Name: \_\_\_\_\_ Date \_\_\_\_\_

**Washington Township Employee Only:**

Employee Initial: \_\_\_\_\_ Date Received: \_\_\_\_\_

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Phone: 908.876.5941 • Fax: 908.876.0029  
Email: [recreation@wtmorris.net](mailto:recreation@wtmorris.net) • Website: [recreation.wtmorris.org](http://recreation.wtmorris.org)