SPRING TRAINING BASEBALL CAMP

Stoughton High School baseball coaches Greg Gilles and Brad Ashmore along with former players will get players ready for their upcoming season with their one day spring training camp. Participants will do various fielding and hitting drills to improve their game.

Instructors: Stoughton High School coaches and former players
Date: March 27
Place: High School Field House
Fee: $12
(Register by March 25)

Grades	Program Code	Times
3—5	1111.101	8:00—9:30 am
6—8	1111.102	10:00—11:30 am

City of Stoughton Recreation Department
381 E. Main Street, Stoughton, WI 53589
873-6746, stoughtonrecreation@ci.stoughton.wi.us

PROGRAM REGISTRATION FORM

Parent/Guardian Name (if applicable):_____
First Last

Address:_____
Street City State Zip

Phone:_____ Email:_____

ProgramCode	Participants' Name First/Last	SEX	Date of Birth	Current Grade	Resident ® OR Non-Resident (NR)	Shirt Size	Fee
							$
							$
Shirt Sizes Available: Youth M (10-12) Youth L (14-16) Adult Small Adult Medium Adult Large Adult Extra Large					TOTAL FEE'S DUE		$

Payment Method: Cash Check Credit Card (Circle One) MasterCard Visa

Credit Card Number: __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ Exp. Date:__/____

I ACKNOWLEDGE, UNDERSTAND, AND FULLY ASSUME THE RISKS OF PARTICIPATION IN RECREATIONAL ACTIVITIES AND I FULLY AGREE NOT TO HOLD LIABLE THE CITY OF STOUGHTON, THE STOUGHTON SCHOOL DISTRICT, THE STOUGHTON RECREATION DEPARTMENT, OR ANY OFFICERS, AGENTS, OR EMPLOYEES THEREOF FOR ANY PERSONAL INJURY, DAMAGE, OR LOSS OF PERSONAL PROPERTY arising out of, or in connection with, participation in a Stoughton Recreation program, event, or activity, except for damage or injury resulting from intentional or reckless acts of the Stoughton School District, the Stoughton Recreation Department, or any officers, agents, or employees thereof. I also understand the City of Stoughton, Stoughton Recreation Department, and the Stoughton School District DO NOT carry insurance on any of the participants.

☐ I have read and understand the WAIVER OF LIABILITY AGREEMENT and choose to accept the terms and conditions without exercising my ability to negotiate the above terms and conditions by signature below.

☐ I choose to exercise my ability to negotiate the terms and condition of the waiver of liability agreement and understand that I must contact the City Attorney, Matthew P. Dregne, at (608) 259-2618 prior to participation in a Stoughton Recreation Department program, event, activity, or reservation.

SIGNATURE (Parent/Guardian if under 18) _____ DATE ___/___/___