

SPARTAN BASEBALL

2021 WINTER CLINIC

WHEN: Sundays MARCH 7th – APRIL 11th (5 sessions)*

* subject to change depending on weather etc.

DATES and TIMES:

March 7, 14, 21, 28

April 11 (NO Clinic on April 4th)

SESSION A Ages 8 - 11 yrs. – 5:00 – 6:30 pm **COST - \$40**
(Limited to 20 participants – MUST Pre-Register)

SESSION B Ages 12 – 15 yrs. – 5:30 – 7:00 pm **COST - \$40**
(Limited to 20 participants – MUST Pre-Register)

(Make checks payable to: **Town of Manlius** – Cost includes T-Shirt)

PLACE: ESM High School Gymnasium or Stadium Turf (plan to be outside)

WHAT TO BRING: Baseball attire (wind pants or sweats)
(Label all gear) Sneakers and glove. Bats are optional.

Register on-line or by mailing attached form and check by March 2nd to:



Town of Manlius Recreation
301 Brooklea Drive
Fayetteville, NY 13066



EMAIL: Any questions: jherrington@esmschools.org

Make checks payable to: **Town of Manlius**

MASKS and Social Distancing will be required

A COVID questionnaire MUST be completed before each clinic

SPARTAN BASEBALL

2021 WINTER CLINIC REGISTRATION

*****IMPORTANT*****

Before mailing this form in please go to <http://manliustown.recdesk.com/> and create a family profile for us to register your child for this program. (If you have already created this profile you do not need to do it again.)

Enter the parents' information first, then add family members and add any children's information.

Receipts will be emailed to the parent and the participant's information is needed for the coach/instructor.

You may also register on-line for this program at <http://manliustown.recdesk.com>

Athletes Name: _____ Age: _____

Grade: _____ Date of Birth: _____ Shirt Size (Adult) _____

Home Phone #: _____ Email Address: _____

Parents Name: _____

Address: _____

Emergency Contact Name & Phone #: _____

Any Medical conditions coaches should be aware of ???

My signature below confirms that I have done the on-line profile on RecDesk at

<http://manliustown.recdesk.com> and filled out the information completely for my child including medical information, emergency contacts and checking the waivers.

Signature of Parent/Guardian _____ Date _____

Please register on-line at <http://manliustown.recdesk.com>

Or mail check and registration form by March 2nd to:

Town of Manlius Recreation Department

301 Brooklea Drive

Fayetteville, NY 13066

Make checks payable to: **TOWN OF MANLIUS**

The Winter Baseball Clinic is a fundraiser for the Varsity Baseball team's southern trip during spring break. Thank you for your support.

ESM Little League (ESMLL.com) – check the website for Little League registration info



ASSUMPTION OF THE RISK AND WAIVER OF LIABILITY
RELATING TO CORONAVIRUS/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

The Town of Manlius (the "Town") has put in place preventative measures to reduce the spread of COVID-19; however, the Town cannot guarantee that you or your child(ren) will not become infected by COVID-19. Further, attending Town sponsored programs or activities could increase your risk and your child(ren)'s risk of contracting COVID-19.

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By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) or I may be exposed to or infected by COVID-19 by attending Town sponsored programs or activities and that such exposure or infection may result in personal injury, illness, permanent disability and/or death. I understand that the risk of becoming exposed to or infected by COVID-19 by attending Town activities or programs may result from the actions, omissions, or negligence of myself and others, including but not limited to Town employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim liability or expense, of any kind, and I or my child(ren) may experience or incur in connection with my child(ren)'s participation in activities or programs of the Town (the "Claims"). On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge, indemnify and hold harmless the Town, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expense of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of the Town, its employees, agents and representatives, whether a COVID-19 infection occurs before, during or after participation in any Town programs or activities.

_____ Date: _____
Signature of the Parent/Guardian

_____ Name of program participant
Print name of Parent/Guardian