SCITUATE YOUTH CENTER SPRING PROGRAM REGISTRATION

REGISTRATION DATE: **Forms available March 1st**
LOCATION: **At the Harbour Ins. Agency office, 301 Driftway**
FEE: **$30.00 per Person**

SPRING PROGRAM BEGINS WEEK OF APRIL 23RD

GIRL'S SOFTBALL: K-2 Clinics Friday Evenings Grades 3 THRU 8

- Softball games will be scheduled Monday through Thursday evenings at 6PM for girls in grades 3 thru 8.

***NO SPECIAL REQUESTS AFTER APRIL 1ST**

REGISTRATION FORM FOR SCITUATE YOUTH CENTER, INC.

CHILD'S NAME: _____ AGE: _____

ADDRESS: _____ PHONE: _____

SCHOOL: _____ GRADE: _____

SOFTBALL TEAM LAST YEAR: _____

Did you play Summer Travel Softball last year? - ❑ Yes ❑ No

Note any special medical considerations your child may have: _____

COACHES NEEDED!!! If you are willing to help, please indicate.

Important Notice: Mass. law now requires the S.Y.C. to obtain Criminal Offender Record Information (CORI) on all of our volunteers. Additional details will be provided at a later date.

Name: _____ Phone: _____

SCITUATE YOUTH CENTER, INC. WAIVER AND INDEMNIFICATION

In consideration of the acceptance of (Name of Child) _____

In the above named program of the SCITUATE YOUTH CENTER, INC., the Scituate Youth Center, Inc. and those people acting on its behalf, are released and indemnified from and against all claims of any nature whatsoever, for injuries and consequential damages which may be sustained by the above named child arising out of, or in the course of participation in this program.

Signed and sealed this _____day of March 2012 Email address: _____

_____
(Parent or Guardian)

_____
(Street Address) (City or Town) (State and Zip)

Visit us at: www.scituateyouthcenter.com