



# Baseball Clinic Waiver Agreement

Child Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Child Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Child Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Mailing (Winter) Address: \_\_\_\_\_

Local Address (if different): \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_

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To: The Chatham Athletic Association, Inc. Board members, Chatham Angler coaches/trainers/players, and all other individuals involved in the Chatham Angler Youth Baseball Clinic:

Waiver: In consideration of the above referenced child(ren) being permitted to participate in the Chatham Athletic Association, Inc. (CAA) Chatham Angler's summer baseball clinic, I hereby assume any and all risks which might be associated with the aforementioned clinic and further waive, release, discharge and covenant not to sue the Town of Chatham, the CAA, it's officers, employees, sponsors, organizers, volunteers, or any representatives or their successors and assigns, for any and all injuries and damages of any kind whatsoever suffered as a result of taking part in the aforementioned clinic and any related activities.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name or Parent/ Guardian \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

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For Internal Use Only

Paid by Cash or Check # \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Shirt Size \_\_\_\_\_

# Chatham Anglers

## 2025 Baseball Clinic Information and Procedures

Session #	Session Dates	Session #	Session Dates
1	Mon. June 23 <sup>rd</sup> – Fri. June 27 <sup>th</sup>	5	Mon. July 21 <sup>st</sup> – Fri. July 25 <sup>th</sup>
2*	Mon. June 30 <sup>th</sup> – Thurs. July 3 <sup>rd</sup>	6	Mon. July 28 <sup>th</sup> - Fri. Aug. 1 <sup>st</sup>
3	Mon. July 7 <sup>th</sup> – Fri. July 11 <sup>th</sup>		
4	Mon. July 14 <sup>th</sup> - Fri. July 18 <sup>th</sup>		

\* NO Clinic July 4<sup>th</sup>

Age	Time	Session #1,3,4,5,6 Rates	Session #2 Rates
6 to 12*	10:30 AM – Noon	\$125	\$100

\* Participants will be split into two groups (6-8, 9-12)

Payment accepted by credit card, cash or check made out to CAA.

**Rain:** Call (508) 348-1607 after 9:30 AM for cancellation information. Rained out sessions can be made up on any future Clinic day. Sorry, No Cash Refunds.

**Eligibility:** Parent/Guardian must register child and must sign waiver agreement.

**Attire/Equipment:** Each child will receive a Chatham Angler’s clinic T-shirt upon registering. Child must wear sneakers or cleats. Balls and bats will be provided by the clinic. Children are to supply their own baseball gloves.

Residence in Chatham is not a requirement to participate in the camp.

# PARENT COPY