

Hopewell Township Parks & Recreation presents:



US Sports Institute's Sport Squirts- Spring 2015 T-Ball Squirts - Spring 2015



Where:	Independence Park Multi-Purpose Fields or Softball Field		
When:	Monday afternoons from April 13 to June 1 (No 5/25)		
Total Sport Squirts:	Ages 3 – 5	3:30 pm to 4:30 pm	Fee: \$ 135 per child
T-Ball Squirts:	Ages 3 – 5	4:45 pm to 5:45 pm	Fee: \$ 135 per child

Total Sport Squirts: This program allows children ages 3 to 5 to experience a new sport in each session of the program. Participants have the opportunity to try Lacrosse, Soccer, Basketball, T-Ball, floor hockey, flag football, parachute games and more in a safe, structured environment. As with all Squirts programs, the emphasis is on safety, fun and learning. All sports are presented in a positive and relaxed environment with an emphasis on participation, interaction and communication.

T-Ball Squirts: This program is a great way to introduce your young sluggers to the exciting game of baseball, all year round! T-Ball Squirts focuses on the fundamental skills of the game, including hitting, throwing, catching and running the bases. Our progressive T-Ball curriculum enables each child to develop their skills, and understanding of the game. Using safe and developmentally appropriate equipment, core components of T-Ball are learned through a series of fun games and activities designed to reinforce fundamental skills and incorporate game situations.

Weather policy - If a portion of the class is cancelled by USSI due to adverse weather conditions, USSI will do its best to make up all lost time during the camp week or session. In case of inclement weather, campers should arrive on site. Indoor back-up will be at the Stony Brook Elementary School.

Visit the HTPRD website at www.hopewelltpw.org or call 737-3753.



HOPEWELL TOWNSHIP PARKS AND RECREATION DEPARTMENT PRESENTS:



US Sports Institute's
Sport Squirts & T-Ball Squirts Programs
Registration Form- Spring 2015



Participant's Name: _____ Date of Birth: _____ Age: _____

Grade Completed: _____ Gender: M / F Home Phone: _____

Street Address: _____
Street City, state, zip

Mother's Name: _____ Cell Phone: _____

Father's Name: _____ Cell Phone: _____

Parent's Email: **Print Clearly** _____

Emergency Contact Name (Not parents): _____ Phone: _____

- Sport Squirts Ages 3-5 Mondays 4/13 to 6/1 3:30 pm to 4:30 pm Fee: \$ 135 per child
- T-Ball Squirts Ages 3-5 Mondays 4/13 to 6/1 4:45 pm to 5:45 pm Fee: \$ 135 per child

Registrants of all ages, by virtue of their participation, agree to be photographed and have pictures published as part of promotional and media campaigns unless we are formally notified of your expressed desire to be excluded.

HOPEWELL TOWNSHIP HOLD HARMLESS AGREEMENT & MEDICAL RELEASE: Participants assume all reasonable risks which may exist by virtue of participating in these activities and hereby indemnify, hold harmless, waive and release any and all rights and claims for damages against the US Sports Institute, Inc., its officers, coaches, sponsors, partners, supervisors and representatives and the Township of Hopewell, its agents, servants and employees, and other such individuals who may be involved in the planning and implementation of the program, for claims by participants, heirs, executors, administrators, or any other third parties for injuries that may arise from participation in this program, or acts of negligence or gross negligence arising out of this agreement. I hereby further authorize emergency medical care for my child/children during attendance in the program. If, in the judgment of the staff, treatment is required for any injury or illness, I also hereby authorize the administering of anesthetics and recourse to other procedures deemed necessary by attending physician. I understand that whenever possible I will be notified prior to medical treatment of my child/children, or at the earliest possible time should prior notice prove impossible. I further understand that I am financially responsible for any medical expenses or emergency transportation incurred on my child/children behalf.

Please be aware my child has the following medical conditions:

Doctor's Name: _____ Phone: _____

SIGNATURE OF PARENT: _____ **DATE:** _____

Refund Policy: Registrants who withdraw prior to the start of a program may be issued a refund only if the HTPRD is notified in writing at least ten (10) working days prior to the event or start of the program. NO REFUNDS will be granted once a program has begun. A \$20 administrative service charge will be deducted from all refunds granted.

Make checks payable and send to:

Phone # (609) 737-3753

**HOPEWELL TOWNSHIP PARKS & RECREATION DEPT.
201 Washington Crossing-Pennington Road
Titusville, NJ 08560**