

# Washington Township Youth Association

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PO Box 163  
Washington, NJ 07882

## **T-Ball/Baseball Sign-ups** 2015 Spring Season

**2015 Spring Sports Registration is available on-line at [www.wtya.org](http://www.wtya.org)**  
Registration is open until February 28, 2015

**Program Ages & Prices**  
(Age as of April 30, 2014)

**T-ball: Ages 5-6 \$25.00/Player**  
**Rookie League: Ages 7-8 \$35.00/Player**

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### **Minor & Major League Baseball**

(Ages 9 through 12) is affiliated with  
*Little League Baseball* via  
**Warren Hills Little League**

This year the process has changed, you no longer will be registering through your local YA. All registrations will be processed by Warren Hills Little League. We will be adding online registration along with walk up registration this year.

All information for registration can be found on our website.

Website: <http://www.eteamz.com/warrenhills>

If you have questions regarding the upcoming season please email  
Chris Fournier (League President) at: [chrisfournier1966@gmail.com](mailto:chrisfournier1966@gmail.com)

Please contact Ray Kunzmann at [baseball@wtya.org](mailto:baseball@wtya.org) with any questions

**WASHINGTON BOROUGH YOUTH BASEBALL  
2015 Winter Baseball Clinic**

**BOYS and GIRLS:** AGES – 7-12 years old

**DATES:** February 21, 28; March 7, 14, 22, 28

**LOCATION:** Memorial School Gym; 300 W Stewart St, Washington, NJ

**TIMES:** Age 11/12 - 8:00 AM-9:15AM; Age 9/10 - 9:30 AM-10:45AM; Age 7/8 - 11:00 AM- 12 Noon

**COST:** \$40.00 Per Registrant

**EQUIPMENT:** Players should wear sneakers and bring their baseball glove. If they have them, please bring a batting helmet and bat. All bats should be carried in a bat bag or by the parent.

**PROGRAM**

The emphasis of the clinic will be player development through teaching basic baseball skills, which include throwing, catching, batting, base running, and team play concepts. Winning attitude and positive motivation will be highly stressed. Group teaching times will include talks and demonstrations.

**TO REGISTER:** Space is limited – Participants will be accepted as long as space is available. NO REFUNDS WILL BE GIVEN AFTER THE FIRST DAY OF THE CLINIC EXCEPT FOR WBYB CANCELING THE PROGRAM.

Register in person at WBYB sign-ups (see website [www.wbybaseball.com](http://www.wbybaseball.com) for dates and times), with a WBYB board member or Mail form with a check or money order payable to WBYB and signed waiver to: WBYB, PO Box 342, Washington, NJ 07782.

**Registration is taken on a first come, first served basis.**

**\* COMPLETE AND RETURN ENTIRE FORM AND WAIVER \***

NAME \_\_\_\_\_ SEX \_\_\_ E-MAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE # HOME \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ SCHOOL \_\_\_\_\_ AGE \_\_\_\_\_

EMERGENCY CONTACT PERSON: \_\_\_\_\_

PHONE # HOME \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_

HEALTH CONCERNS \_\_\_\_\_

**OFFICE USE ONLY**

AMOUNT PAID \$ \_\_\_\_\_ CASH \_\_\_\_\_ CHECK # \_\_\_\_\_

RECEIVED BY \_\_\_\_\_ DATE \_\_\_\_\_ RECEIPT. # \_\_\_\_\_

**RELEASE AND WAIVER OF LIABILITY**  
(PLEASE READ CAREFULLY BEFORE SIGNING)

The undersigned hereby acknowledges that participation in the baseball clinic and related activities involves an inherent risk of physical injury, and the undersigned, on behalf of the registrant/participant, hereby assumes all such risk and does hereby release and forever discharge Washington Borough Youth Baseball and all volunteer coaches thereof from any and all known liability of whatever kind or nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen body and personal injuries, damage to property, and the consequences thereof, resulting from the registrant's participation in or involvement with this clinic, including any failure of equipment or defect in the premises.

I hereby state that I am the legal guardian of said child/participant.

**NAME OF PARTICIPANT:** \_\_\_\_\_

**PRINTED NAME OF PARENT OR GUARDIAN:**

\_\_\_\_\_

**SIGNATURE OF PARENT OR GUARDIAN:**

\_\_\_\_\_

**DATE:** \_\_\_\_\_