



W.A.S.P. ADAPTED BASEBALL

(For individuals with disabilities, 4-22 years of age)

**REGISTRATION BEGINS
JULY 1st**

REGISTRATION FEE.....\$20/1st player, \$10/2nd player

(Includes uniform shirt & trophy, hat is \$5.00 extra)

Season runs September 10th through October 29th

Games are played at Hammond Park in Monroe, Saturday at 10:00am

Mail registration form & payment to:

**WASP / Lisa Fogie
2709 Powell Court
Monroe, GA 30656**

Please make checks payable to "WALTON COUNTY NAVIGATOR TEAM"

****REGISTRATION DEADLINE IS August 20th****

For more information contact Lisa Fogie (770)207-9554 or Walton@p2pga.org



Baseball Information

What is Adapted Baseball?

Adapted Baseball is a program that has been adapted to meet the needs of the individuals participating. For now, we are beginning at the "ANYTHING GOES" level. Every child hits the ball and crosses home plate. There are no outs or scorekeeping, just FUN! We use larger, softer balls, and a tee, if needed. Games last approximately 1 hour.

Basic Rules

- ***Under no circumstances are parents to drop off their child and leave the premises.**
- *There will be **no** use of profanity while on the Walton County Parks and Recreation grounds.
- *If you are unable to make a game, just come the next week. We understand that circumstances come up with our children that sometimes cannot be avoided. However, keep in mind that this can be a very positive experience for your child if they are there participating. They will make new friends and receive the benefit of being part of a team.
- *We may have buddy teams which are made up of their typical peers, to assist your child with the game - feel free to instruct them on your child's preferences. For example; does he/she mind physical contact (such as a high five)? If in a wheelchair, do they mind being pushed?
- *Rain outs. If it is raining, we will cancel the game. Most of our children cannot tolerate being out in inclement weather. If the teams agree, the missed game can be made up at the end of the season. Coaches will be available to contact for weather information.

Volunteer Opportunities

A program is only successful if everyone helps out and does their part. We are going to need coaches, assistant coaches, and team moms. It is a very relaxed program and you do not need to have any special training. The main idea is to remember that we are there for the children; to provide a safe atmosphere, while having fun. If you feel that you can help, please let us know. You can contact Lisa Fogie at 770-207-9554, or lisafogie@windstream.net.

**Walton County
Parks & Recreation Department**

Adaptive Sports Registration / Release Form

Activity: Adapted Baseball **Year:** 2011 **Season:** spring summer fall winter

Participant Information (print)

Name: _____ / _____ **DOB:** _____ **Age:** _____ **Sex:** _____
(nickname) (a today)

Address: _____ **City/County/Zip:** _____

Physical / Medical Disability: _____

Shirt Size: _____ YS YM YL AS AM AL AXL AXXL

I understand that the uniform size which I order for my child will be the size he / she receive.
If for any reason the uniform size is incorrect, I will be solely responsible for the replacement.

Mother: _____	Father: _____
Home #: _____	Home #: _____
Work #: _____	Work #: _____
Cell #: _____	Cell #: _____
E-Mail: _____	E-Mail: _____

I understand that as the parent or guardian, I must stay at the field with my child at all times.
Under no circumstances will I drop off my child and leave them without supervision.

Medical Release

I acknowledge that the Walton County Parks & Recreation Department does not carry insurance on participants in programs. Being aware of this and acknowledging that participation in any activity involves a certain degree of risk or injury, I hereby waiver, release, absolve, indemnify, and agree to hold harmless the Walton County Parks & Recreation Department, their board of directors, employees, coaches, instructors, officials, and volunteers from any and all liability arising out of any injury suffered by the above said participant during this activity. I understand that the above named parties will not assume responsibility for payment of medical treatment or transportation to or from the place of treatment. Only minor first-aid will be administered when necessary. I further agree to abide by the policies & procedures set forth by the Walton County Parks & Recreation Department.

Photo Release

Your child could be part of our promotional campaign!
The Parks and Recreation Department may take and use photos of participants for publicity purposes. Photos of participants may be used in the City's Recreation Guide, website, local media and e-newsletter publications.
I hereby grant the Walton County Parks & Recreation Department permission to use me, or my child's, likeness and/or name, in any broadcast, telecast or print media account of this activity free of charge.

Parent / Guardian Signature

Print Name

Date

Office Use Only

Fee Paid: \$ _____ **Cash:** _____ **Check #:** _____ **Receipt #:** _____ **Staff:** _____

**Walton County Parks & Recreation Department
Adapted Sports Program**

Parents Code of Conduct

The Walton County Parks & Recreation Department has implemented the following parent's Code of Conduct for the important message it holds about the proper role of parents in supporting their child in sports. Parents should read, understand, and sign this form prior to their child participating in our programs.

Any parent guilty of improper conduct at any game or practice will be asked to leave the sports facility.

The essential elements of character building and ethics in sports are embodied in the concept of sportsmanship and six core principles: Trustworthiness, Respect, Responsibility, Fairness, Caring, and Good Citizenship.

I therefore agree:

1. I will not force my child to participate in sports.
2. I will remember that children participate to have fun and that the game is for youth, not adults.
3. I will inform the coach of any physical disability or ailment that may affect the safety of my child or the safety of others.
4. I will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy toward all players, coaches, and spectators at every game.
5. I will teach my child to play by the rules and to resolve conflicts without resorting to violence.
6. I will praise my child for competing fairly and trying hard, and make my child feel like a winner.
7. I will never ridicule or yell at my child or other participants for making a mistake.
8. I will make sure that all siblings stay off the field and out of the batting area in order to assure for their safety and the safety of the players.
9. I will demand a sports environment for my child that is free from drugs, tobacco, and alcohol. I will refrain from the use of these items at all sports events.

Parent or Guardian's Signature

Print child's name