



**Township of Cedar Grove
Recreation Department**
525 Pompton Ave. Cedar Grove, NJ 07009
(973) 239-1410 x220



Cedar Grove Softball Summer Nights Clinic
FOR CANCELLATIONS DUE TO INCLEMENT WEATHER;
“LIKE” US ON FACEBOOK, www.facebook.com/cedargroverec or
Call the Weather Hotline #973-230-9944

- **Who:** Girls Entering 2nd -8th Grade in Sept. (from any town)
- **Where:** Panther Park – Softball Field
118 W Bradford Ave, Cedar Grove
- **When:** July 11- 14 (July 15th rain date)
- **Time:** 6:00-8:00pm
- **Drop-in Fee:** \$50.00/child per day
Waiver will need to be signed by parent/guardian at drop-off

Description: Cedar Grove HS Head Coach, Nikki Velardi and Staff are ready to work with players to enhance their game! The Cedar Grove Summer Nights Clinic provides a great opportunity for players from ANY TOWN to enhance agility, skills, and technique. Sessions will feature multiple drill stations and training techniques focusing on the fundamentals and teaching the proper mechanics of all aspects of the game. We recommend that all players attending the clinic bring the following: Cleats/Sneakers (no metal cleats), Catchers Equipment, Water Bottle, Hat/Visor, Glove, Bat.

SUMMER NIGHTS SOFTBALL CLINIC 2022 – DROP-IN

Child’s Name _____ Grade in Sept. _____

Email Address _____ Cell # _____

Any Allergies or Health Conditions? _____

Preferred Hospital _____

TURN OVER/SEE 2ND PAGE FOR SIGNATURE

I hereby certify, to the best of my knowledge, that myself and or the participant(s):

1. Are not currently diagnosed with or currently experiencing symptoms of CoVid-19;
2. Have not had any known exposure to any CoVid-19 infected individuals in the past 14 days;
3. Have not exhibited signs and or symptoms of CoVid-19, such as a fever, dry cough, or body aches in the past 7 days; and
4. Is otherwise in good health and able to participate in the prescribed activity without limitation.

I hereby agree that:

1. No participant(s) will partake in the above activity if sick, ill, experiencing symptoms of CoVid-19, or have come into contact with any individual known to have been positively diagnosed with or experiencing symptoms of CoVid-19;
2. Any participant(s) who become ill during or after the activity, is experiencing symptoms of CoVid-19, or receives a positive diagnosis of CoVid-19 during or within 14 days following participation in the activity will provide immediate and appropriate notice to the Township Health Code Officer.

I hereby acknowledge and understand, that the Township cannot guarantee my safety or the safety of participant(s) from CoVid-19 exposure, and knowingly agree to participate and or permit the participant(s) to participate in the above activity, and I knowingly and voluntarily assume the risk of exposure by engaging in the same. As such, I agree to release and hold harmless the Township of Cedar Grove for any CoVid-19 related illnesses which may or may not be related to the above activity, and I and or the participant(s) agree to abide by all appropriate social distancing guidelines required by the CDC and State and local health officials. I, and the participant(s), further agree to fully cooperate with any and all additional restrictions imposed by the Township regarding participation in the activity. A failure by myself and or the participant(s) to abide by the aforementioned regulations and additional restrictions may subject myself, the participant(s), and others to serious risk of contracting CoVid-19, and such failure may, in the discretion of the Township, subject myself and or the participant(s) to immediate ejection from the activity.

I hereby agree to release and hold harmless the Township of Cedar Grove, including its agents, employees, officials and instructors, from all claims and liability arising from participation in the activity, including, but not limited to those arising out of any illness, injury or accident sustained by the participant(s) and all other adult family members in the course of the activity.

If any emergency should arise and I cannot be reached immediately at home or at the emergency telephone number I have provided, I hereby grant to the Township and/or medical personnel the authority to take whatever actions by whatever means they deem necessary to safeguard the health and/or welfare of the participant.

I hereby acknowledge, understand, and will comply with the Township of Cedar Grove Recreation Department's No Refund Policy.

If participant is a minor: In conjunction with the child's participation in the recreation program, the Township may make or arrange to make certain images of a child or children participating in such activities, such as still photographs, video tapes or other recorded moving images. I consent to, give permission for and authorize the Township to use the images of the child.

PARENT SIGNATURE: _____ Date: _____