



# SQUIRTS CLASSES

## Ages 3-7 ♦ Boys & Girls

# FAIRFIELD

In Association with Fairfield Recreation Department



T-Ball Squirts® is a great way to introduce young boys and girls to the exciting games of baseball and softball.



T-Ball Squirts® sessions take place in a safe, structured environment. Core components of the game are taught through a series of games and activities designed to capture the imagination of all players.



- ♦ Throwing
- ♦ Hitting
- ♦ Pitching
- ♦ Catching
- ♦ Base Running
- ♦ Fielding

*Players may bring their own glove although it is not mandatory. Age appropriate equipment is provided.*



Want to try a bunch of different sports? Sports Squirts® is the answer as it allows children to experience a new sport during each week of the program.



Sports Squirts® will sample: Lacrosse, Soccer, Hockey, Basketball, T-Ball, Parachute games and more, all in a safe, structured & fun environment with particular focus on hand/eye coordination, movement, balance & spacial awareness.



- ♦ Soccer
- ♦ Basketball
- ♦ Lacrosse
- ♦ T-Ball
- ♦ Hockey
- ♦ Parachute

## SPRING 2012 LISTINGS

### SPORTS SQUIRTS

Code	Day	Date	Time	Age	Fee
SP11478	Fri	4/20 – 6/1	10:30 AM – 11:30 AM	3 to 5	\$125
SP11476	Tue	4/17 – 5/29	4:00 PM – 5:00 PM	3 to 4	\$125
SP11477	Tue	4/17 – 5/29	5:00 PM – 6:00 PM	5 to 7	\$125

### T-BALL SQUIRTS

Code	Day	Date	Time	Age	Fee
TB11475	Sat	4/14 – 6/2	9:30 AM – 10:30 AM	3 to 5	\$140

Classes take place at: Fairfield Recreation Complex

Class consists of 7 x 1 hr sessions  
Please note there will be a miss date for Memorial weekend (5/26)

## HOW TO REGISTER

By Mail to: Fairfield Recreation Department  
221 Hollywood Avenue, Fairfield, NJ  
07004

By Phone: (973) 882-2745

In person at: 221 Hollywood Avenue, Fairfield, NJ  
07004

The **#1** name in children's sport provision  
Often imitated - never duplicated

OVER 15 yrs  
OF CAMP  
EXPERIENCE!

USsportsInstitute.com

**US** SPORTS  
i n s t i t u t e

Summer Listings Now Online!

# REGISTRATION FORM

## Family Information

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Apt. #: \_\_\_\_\_  
 State & Zip: \_\_\_\_\_ Email: \_\_\_\_\_  
 Parent Name: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

CHILD 1 Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Camp Code 1: \_\_\_\_\_ Town: \_\_\_\_\_ Fee: \$ \_\_\_\_\_  
 Camp Code 2: \_\_\_\_\_ Town: \_\_\_\_\_ Fee: \$ \_\_\_\_\_  
 Camp Code 3: \_\_\_\_\_ Town: \_\_\_\_\_ Fee: \$ \_\_\_\_\_  
 Camp Code 4: \_\_\_\_\_ Town: \_\_\_\_\_ Fee: \$ \_\_\_\_\_

<b>Child 1 Total</b>
\$ _____

CHILD 2 Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Camp Code 1: \_\_\_\_\_ Town: \_\_\_\_\_ Fee: \$ \_\_\_\_\_  
 Camp Code 2: \_\_\_\_\_ Town: \_\_\_\_\_ Fee: \$ \_\_\_\_\_  
 Camp Code 3: \_\_\_\_\_ Town: \_\_\_\_\_ Fee: \$ \_\_\_\_\_  
 Camp Code 4: \_\_\_\_\_ Town: \_\_\_\_\_ Fee: \$ \_\_\_\_\_

<b>Child 2 Total</b>
\$ _____

Please list all additional medical information by enclosing additional written document when you register

**USSI Waiver and Hold Harmless Agreement.** I hereby agree to let my child participate in this activity. I understand that there are certain risks of injury inherent in the practice and play of this sport, as well as in traveling and other related activities incidental to my participation, and am willing to assume these risks. I hereby certify that my child is fully capable of participating in the sport and that he/she is healthy and has no physical or mental disabilities or ailments that would restrict full participation in this activity, except as included in writing with this application. In addition to giving full consent for my child's participation, I do hereby waive, release and hold harmless US Sports Institute, Inc, its officers, coaches, sponsors, partners, supervisors and representatives for any injury that may be suffered by my child in the normal course of participation in the sport and the activities incidental thereto, whether the result of negligence or any other cause. I grant permission for my child to receive emergency medical treatment. I grant USSI, Inc, permission to use photo or video images of my child in future promotional materials.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## Method of Payment and Discount Information

Child 1 Total (as above) \$ \_\_\_\_\_ Child 2 Total (as above) \$ \_\_\_\_\_  
**GRAND TOTAL: \$ \_\_\_\_\_**

**Cash or Check Only**  
 (check Box)  
 Cash  Check

Checks payable to: Fairfield Recreation Department  
 Mail to: 221 Hollywood Ave, Fairfield, NJ 07004  
 Phone: (973) 882-2745

**Refund Policy.** Refunds will only be made if cancellation occurs two weeks prior to the start of the event and will incur a \$50 administration fee for all cancelled registrations. Alternatively a credit voucher for the full amount will be issued if desired. Cancellations within two weeks of the start of the event are only entitled to credit vouchers unless a medical emergency arises at which point documentation is required. Refunds will not be issued in the event of non-participation. No refunds or credits will be issued once a program or camp has started.

**Weather Policy.** If a portion of the class is cancelled by USSI due to adverse weather conditions, USSI will do it's best to make up all lost time during the camp week or session. Make ups will not take place during any other week or session. If total time lost to inclement weather is greater than one full camp day or class and USSI is unable to make the time up then a pro-rated credit voucher will be issued for lost time. Credit vouchers will NOT be issued for any lost time that is less than one full camp day or session. Cash refunds WILL NOT be issued in the case of weather cancellations. In case of inclement weather campers should arrive on site.