



**Recreation Department  
TOWN OF PLAISTOW**

**145 Main Street  
Plaistow, NH 03865  
603 382-5200X18 FAX 603 382-7183  
Carlene Malette, Recreation Director**

**Scatter T Ball Registration Form 2010**

We offer a wide variety of programs for the children of Plaistow. We hope to provide quality opportunities for all children and rely on volunteers to help make this possible. Scatter T Ball is designed for 4 year olds who have an interest in playing baseball/softball. Children will learn some basic skills while having fun playing Scatter T Ball. Due to limited field space, registrations will be accepted on first come, first serve basis. Games will be played on Thursday afternoons from 4:00 to 5:00 pm at the P.A.R.C. fields located at 51 Old County Road. Don't miss out, please sign up early. Cost for the program is \$25.00 for the 5 week session beginning May 13<sup>th</sup> and ending on June 10<sup>th</sup>. Checks payable to the Town of Plaistow.

-----Detach Here-----

**Scatter T Ball Registration Form**

Child's Name \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Allergies or medications \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

E Mail \_\_\_\_\_

I hereby give permission for my child to participate in the Plaistow Recreations Scatter T Ball Program. I assume all rights and hazards incidental to participation and hereby release and absolve the Town of Plaistow Recreation Department, all employees and volunteers for any damage my child may suffer. In case of emergency by authorization of my signature below, I hereby allow the Town of Plaistow Recreation Department, employee/volunteer to administer first aid and make arrangements for emergency transportation to a medical facility for treatment.

Signature Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

I will be present with my child during Scatter T Ball. Initials \_\_\_\_\_