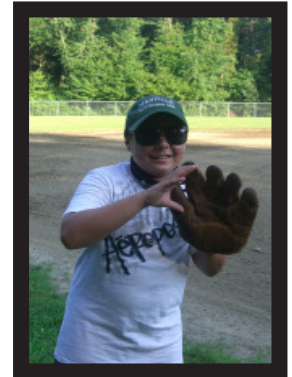
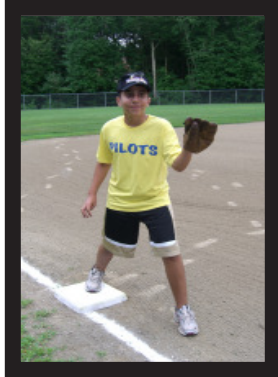


A true recreational experience.



Join Sandlot Baseball and “PLAY” baseball in the summertime with your friends in a neighborhood style recreation centered baseball experience.

Sandlot is a recreational coed **wooden bat** baseball league for Lincoln Middle School Students. Teams are coached by Parks and Rec Staff providing a **positive atmosphere** and ample playing time. *Continuous batting order, theme weeks, and lots of fun!* Games are played weeknights at Lime Acres Back Field starting after July 4th. Parents will enjoy the laid back atmosphere watching the games from the shade at Lime Acres while kids will appreciate the **FUN** of baseball all over again. Don't miss out on this summertime opportunity!!!

Registration Information

Who: Lincoln residents in the 6th, 7th, and 8th Grades

When: Tues, Wed, Thurs June 15, 16, 17 Between 5:30pm - 8-pm

Where: Lincoln Town Hall - Parks and Recreation Office

Cost: \$10.00

OR

Come Monday - Friday to the Parks and Recreation Office at Town Hall between 9:00am - 4:00pm up until June 25th.

**You may also mail in your registrations to
Parks and Recreation, 100 Old River Road PO Box 100
Checks made to Town of Lincoln**

Name _____ Gr. _____ Phone Number _____
 Position Played (circle two) P, C, 1b, 2b, 3b, SS, OF, Hgt: _____ Wght _____
 Street Address _____
 District: (Circle One) Lime Rock Lonsdale Albion Manville Saylesville Fairlawn Quinnville
 Email Address _____
 Phone # _____ Emergency Contact # _____
 Medical Restrictions _____

I BEING THE PARENT/GUARDIAN OF THE ABOVE NAMED CHILD HEREBY GIVE OUR APPROVAL TO PARTICIPATE IN THE SANDLOT BASEBALL PROGRAM. I UNDERSTAND AND ACKNOWLEDGE THAT A RISK OF INJURY EXISTS IN ATHLETIC CONTESTS. I ASSUME ALL THESE RISKS AND INCIDENTAL HAZARDS.

I HEREBY IN AGREEMENT WITH RHODE ISLAND GENERAL LAW 7-6-9 WAIVE, RELEASE, AND INDEMNIFY AND AGREE TO HOLD HARMLESS THE TOWN OF LINCOLN, ITS OFFICERS, DIRECTORS, AGENTS, SERVANTS, COACHES, EMPLOYEES, AND VOLUNTEERS CONNECTED WITH SAID PROGRAM.

I, ALSO HEREBY GRANT PERMISSION TO THE LEAGUE SUPERVISORS TO OBTAIN EMERGENCY MEDICAL CARE FROM ANY LICENCED MEDICAL PERSONNEL FOR THE CHILD NAMED HEREIN AT SUCH TIME AS EITHER PARENT OF LEGAL GUARDIAN CANNOT BE CONTACTED.

SIGNED: _____ RELATIONSHIP: _____