



BASEBALL BOOTCAMP

WITH ICE TRAVEL BASEBALL COACH, MIKE SAIANI

MONDAYS: SEPT 10, 17, 24, OCTOBER 1, & 8 AT 6-7:30 PM

SATURDAYS: SEPT 8, 15, 22, 29, & OCTOBER 6 AT 9-10:30 AM

GRADES 7-12

\$125/\$100 (ICE)

NAME: _____ AGE: _____

PARENT/GUARDIAN
NAMES: _____

ADDRESS: _____

EMAIL: _____ PHONE: _____

EMERGENCY CONTACT
NAME/PHONE: _____

RELEVANT MEDICAL
CONDITIONS: _____

REGISTRATIONS TAKEN UPON FULL PAYMENT. RETURN THIS COMPLETED FORM WITH PAYMENT NO LATER THAN WED, SEPT 5TH TO: PLAY BALL SPORTS, 1830 OAKLAND AVE, SUITE 125, INDIANA, PA, 15701.

NO REFUNDS GIVEN FOR ANY MISSED SESSIONS.

I AGREE AS PARENT OR GUARDIAN OF THE ABOVE NAMED INDIVIDUAL TO GIVE PERMISSION FOR HIM TO PARTICIPATE IN PLAY BALL SPORTS BASEBALL CLINIC. I VOLUNTARILY ACCEPT AND ASSUME ALL RISKS INCURRED BY HIM WHILE PARTICIPATING IN THE CLINIC AT PLAY BALL SPORTS AND RELEASE PLAY BALL SPORTS, LLC AND ITS EMPLOYEES, AS WELL AS S&T ARENA/HOMER CITY BOOSTERS OF ANY AND ALL LIABILITY.

PARENT/GUARDIAN
SIGNATURE: _____ DATE: _____