



# FALL BASEBALL BOOTCAMP

WITH ICE TRAVEL BASEBALL COACH, RUSTY THOMAS

WEDNESDAYS: SEPT 25, OCT 2 & 9 AT 5:30-7:30 PM @ S&T ARENA/WHITE TOWNSHIP (KIWANIS FIELD)

SUNDAYS: OCTOBER 13, 20, & 27 AT 5:30-7:30 PM @ PLAY BALL SPORTS

AGES 12 AND UP

\$125

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 MONDAY, SEPT 23RD 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 OF ANY AND ALL LIABILITY.

PARENT/GUARDIAN  
SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_