



## BASEBALL PITCHING CLINIC

**TUESDAYS: OCTOBER 24, 31, NOVEMBER 7, & 14**

**7:00-8:00 PM (AGES 8-12)**

**Cost: \$85/\$75 (ICE)/\$160 IF DO BOTH HIT/PITCH CLINICS**

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

PARENT/GUARDIAN NAMES: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMERGENCY CONTACT NAME/PHONE: \_\_\_\_\_

RELEVANT MEDICAL CONDITIONS: \_\_\_\_\_

FORMS MAY BE MAILED TO PLAY BALL SPORTS, 1830 OAKLAND AVE., SUITE 125, INDIANA, PA 15701 OR FAXED TO 724-801-8036. REGISTRATIONS CAN ALSO BE TAKEN BY PHONE DURING BUSINESS HOURS AT 724-801-8036.

CLINIC REG/PAYMENTS ARE DUE BEFORE THE FIRST SESSION, TO ENSURE YOUR CHILD'S SPOT. CHECKS CAN BE MADE OUT TO PLAY BALL SPORTS. CREDIT CARD PAYMENTS ACCEPTED IN PERSON ONLY. NO REFUNDS WILL BE GIVEN BACK FOR MISSED CLINIC SESSIONS.

I AGREE AS PARENT OR GUARDIAN OF THE ABOVE NAMED INDIVIDUAL TO GIVE PERMISSION FOR HIM/HER TO PARTICIPATE IN PLAY BALL SPORTS SKILLS CLINIC. I VOLUNTARILY ACCEPT AND ASSUME ALL RISKS INCURRED BY HIM/HER WHILE PARTICIPATING IN THE CLINIC FOR PLAY BALL SPORTS AND RELEASE PLAY BALL SPORTS, LLC OF ANY AND ALL LIABILITY.

PARENT/GUARDIAN

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_