



## 4-WEEK PRE-SEASON BASEBALL CLINICS

TUESDAYS: MARCH 6, 13, 20, & 27

AGES 8-12

FIELDING SESSION: 5:30-6:30 PM \$80 \_\_\_\_\_ ("X" FOR FIELDING ONLY)

HITTING SESSION: 6:30-7:30 PM \$80 \_\_\_\_\_ ("X" FOR HITTING ONLY)

OR \$150 FOR BOTH SESSIONS!! \_\_\_\_\_ ("X" FOR BOTH)

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

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

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

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

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

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

TO REGISTER: RETURN THIS COMPLETED FORM WITH PAYMENT TO: PLAY BALL SPORTS, 1830 OAKLAND AVE, SUITE 125, INDIANA, PA, 15701. CREDIT CARD PAYMENTS ALSO ACCEPTED IN PERSON. REGISTRATIONS ACCEPTED ON A FIRST COME BASIS WITH PAYMENT. REGISTRATION CAN ALSO BE COMPLETED VIA EMAIL AT [playballsportsindiana@gmail.com](mailto:playballsportsindiana@gmail.com) OR CALLING 724.801.8036. NO REFUNDS WILL BE GIVEN FOR MISSED SESSIONS.

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

PARENT/GUARDIAN

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