



PRESEASON BASEBALL AND SOFTBALL 4-WEEK CLINICS

BASEBALL: TUESDAYS (MARCH 14, 21, 28, APRIL 4)

SOFTBALL: THURSDAYS (MARCH 16, 23, 30, APRIL 6)

\$85.00 BASEBALL OR SOFTBALL

NAME: _____ AGE: _____

PARENT/GUARDIAN NAMES: _____

ADDRESS: _____

EMAIL: _____ PHONE: _____

EMERGENCY CONTACT NAME/PHONE: _____

RELEVANT MEDICAL CONDITIONS: _____

CHECK ONE SESSION:

_____ 5:30-6:30 PM (BASEBALL AGES 6-9) _____ 5:30-6:30 PM (SOFTBALL AGES 10 AND UNDER)

_____ 6:30-7:30 PM (BASEBALL AGES 10-12) _____ 6:30-7:30 PM (SOFTBALL AGES 11 AND UP)

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 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 TO PARTICIPATE IN PLAY BALL SPORTS BASEBALL HITTING CLINIC. I VOLUNTARILY ACCEPT AND ASSUME ALL RISKS INCURRED BY HIM WHILE PARTICIPATING IN THE HITTING CLINIC AT PLAY BALL SPORTS AND RELEASE PLAY BALL SPORTS, LLC AND ITS EMPLOYEES OF ANY AND ALL LIABILITY.

PARENT/GUARDIAN

SIGNATURE: _____ DATE: _____