



4-WEEK PRE-SEASON SOFTBALL CLINICS

THURSDAYS: MARCH 8, 15, 22, & 29

AGES 8-18

FIELDING SESSION: 5:30-6:30 PM \$80/\$75 ICE _____ ("X" FOR FIELDING)

HITTING SESSION: 6:30-7:30 PM \$80/\$75 ICE _____ ("X" FOR HITTING)

OR \$150/\$140 ICE 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 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: _____