



SOFTBALL SWING ANALYSIS CLINIC

WITH IUP ASSIST SHAWNA BELLAUD AND ICE COACHES-

GET DIRECT FEEDBACK AND BREAK DOWN OF YOUR SWING, SO YOU KNOW EXACTLY WHAT TO WORK ON FOR SPRING!!

THURSDAY, FEBRUARY 22ND

6:00-7:30 PM (ALL AGES)

\$30/\$25 (ICE)

NAME: _____ AGE: _____

PARENT/GUARDIAN NAMES: _____

ADDRESS: _____

EMAIL: _____ PHONE: _____

EMERGENCY CONTACT NAME/PHONE: _____

RELEVANT MEDICAL CONDITIONS: _____

REGISTRATIONS TAKEN UPON FULL PAYMENT, MAIL FORM/\$ TO PLAY BALL SPORTS, 1830 OAKLAND AVE, STE 125, INDIANA, PA 15701

I AGREE AS PARENT OR GUARDIAN OF THE ABOVE NAMED INDIVIDUAL TO GIVE PERMISSION FOR HER TO PARTICIPATE IN PLAY BALL SPORTS BASEBALL HITTING CLINIC. I VOLUNTARILY ACCEPT AND ASSUME ALL RISKS INCURRED BY HER 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: _____