



## SUE SNYDER SPRING SOFTBALL PITCHING CLINICS

**SUNDAYS: FEB 25, MARCH 11, 25, APRIL 8**

**BEGINNERS: 8:15-9:30 AM \_\_\_\_\_**

**INTERMEDIATES: 9:30-10:45 AM \_\_\_\_\_ (Catcher needed)**

**ADVANCED: 10:45-12 NOON \_\_\_\_\_ (Catcher needed)**

**CHECK OFF WHICH CLINIC ABOVE YOU WANT TO PARTICIPATE IN!!  
LIMITED SPACE IN EACH SESSION!!**

**\$150/PARTICIPANT/SESSION**

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 AVENUE, SUITE 125, INDIANA, PA 15701 OR FAXED TO 724-801-8093. REGISTRATIONS CAN ALSO BE TAKEN BY PHONE DURING BUSINESS HOURS AT 724-801-8036. 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/GUARDIAN OF THE ABOVE NAMED INDIVIDUAL TO GIVE PERMISSION FOR HER TO PARTICIPATE IN THIS PLAY BALL SPORTS CLINIC. I VOLUNTARILY ACCEPT AND ASSUME ALL RISKS INCURRED BY HER WHILE PARTICIPATING IN THIS CLINIC AT PLAY BALL SPORTS AND RELEASE PLAY BALL SPORTS, LLC AND ITS EMPLOYEES OF ANY AND ALL LIABILITY.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_