BASEBALL/SOFTBALL SWING ANALYSIS CLINICS

GET DIRECT FEEDBACK AND BREAK DOWN OF YOUR SWING,

SO YOU KNOW EXACTLY WHAT TO CHANGE FOR THE SEASON!!

BASEBALL: TUESDAY, DEC 11TH 6:00-7:30 PM (ALL AGES)

SOFTBALL: THURSDAY, DEC 13TH 6:00-7:30 PM (ALL AGES)

$30/$25 (ICE) **FORM AND PAYMENT DUE BY DEC 9TH**

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 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:_____