



WINTER 4-WEEK BASEBALL HITTING/PITCHING CLINICS

****HITTING WITH BRANDON ALLEN, FORMER MAJOR/MINOR LEAGUE PLAYER WHO IS CURRENT HITTING COACH FOR ST. LOUIS CARDINAL'S ORGANIZATION AND IUP ASSISTANT COACHES**

****PITCHING WITH KURT KREJOCIC AND IUP ASSISTANT COACHES**

TUESDAY EVENINGS: JANUARY 9, 16, 23, 30

HITTING: 6-7 PM \$100 (ALL AGES) LIMITED SPACE (20)

PITCHING: 7-8 PM \$100 (ALL AGES) LIMITED SPACE (6- WILL OPEN SECOND SESSION IF NEEDED)

OR \$180 BOTH CLINICS (SAVE \$20)

NAME: _____ AGE: _____

PARENT/GUARDIAN
NAMES: _____

ADDRESS: _____

EMAIL: _____ PHONE: _____

EMERGENCY CONTACT
NAME/PHONE: _____

RELEVANT MEDICAL
CONDITIONS: _____

CLINIC SESSION: (CIRCLE ONE) HITTING \$100 PITCHING \$100 BOTH \$180

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 UPON FULL PAYMENT. REGISTRATION CAN ALSO BE COMPLETED VIA EMAIL AT playballsportsindiana@gmail.com OR CALLING 724.801.8036. NO REFUNDS 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: _____