



WINTER 4-WEEK SOFTBALL HITTING CLINIC

WITH IUP ASSISTANT COACH, SHAWNA BELLAUD, AND ICE COACHES

THURSDAY EVENINGS: JANUARY 11, 18, 25, & FEBRUARY 1

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

\$100/\$90 (ICE)

NAME: _____ AGE: _____

PARENT/GUARDIAN NAMES: _____

ADDRESS: _____

EMAIL: _____ PHONE: _____

EMERGENCY CONTACT NAME/PHONE: _____

RELEVANT MEDICAL CONDITIONS: _____

REGISTRATIONS TAKEN UPON FULL PAYMENT. 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. 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: _____