



## 2017 Baseball Clinic Registration

Please circle clinic attending:

8-10 year old clinic

11-14 year old clinic

Player's Information(Please print)

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender: (Circle One) Boy - Girl

Home phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

### Parent/Guardian Information :

Mother's Name: \_\_\_\_\_ Does child live with you? Yes No

Address: \_\_\_\_\_ City \_\_\_\_\_

Zip \_\_\_\_\_ Phone: \_\_\_\_\_ Texting Available? Yes No

Mothers Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Does child live with you? Yes No

Address: \_\_\_\_\_ City \_\_\_\_\_

Zip \_\_\_\_\_ Phone: \_\_\_\_\_ Texting available? Yes No

Fathers Email: \_\_\_\_\_

### Emergency Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Clinic registration must be turned in by March 24th.

Clinic fee \$10.00 for clinic alone or clinic is free for players whose baseball registration is paid by March 24th.

I parent/guardian of \_\_\_\_\_, acknowledge, agree and understand that my child will be involved in a recreational program that will involve physical activities and the playing of games that could possibly result in physical injury. I agree to assume on behalf of my child all risks of injury incurred or suffered while involved in any activity conducted, sponsored or endorsed by Carrollton Township Recreation Department. I agree not to sue the township, its board members, volunteers, nor anyone connected with this recreation program. For any claim, damage, cost or cause of action which I or my child may have as a result of injuries or damages sustained or incurred while my child is a participant in any such recreation program.

I have read the above agreement, understand them and agree to abide by them.

I also, agree, acknowledge and understand that there may be pictures of my child taken and posted on the Carrollton Township Recreation's Facebook Page(s)

Parent/ Guardian (Printed Name) \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_