



2018 Free Baseball Skills 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 April 6th, 2018

I, parent/guardian of _____, acknowledge, agree and understand that my child will be involved in a recreational program. I understand that will involve physical activities and the playing of games. Completely understanding 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 the Carrollton Recreation Department. I agree not to sue the township, it's board members, volunteers or 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 or myself posted on the Carrollton Township Recreation's Facebook page(s).

I agree to abide by the Carrollton Township Sportsmanlike Conduct Ordinance (Sec.30-160) which if violated, may result in a municipal civil infraction ticket and/or removal from any sporting events sponsored by the Carrollton Township Recreation Department.

Parent/Guardian (Printed Name):_____

Parent/Guardian (Signature):_____ Date:_____