

Youth Baseball Clinic at Parkland HS

Saturday, February 25, 2012

Register now to learn some baseball skills and have fun with Parkland head baseball coach, Tony Galucy, his staff and returning players from their 2011 Lehigh Valley Conference championship team. The coaching staff and players will take the campers through many of the indoor hitting drills they do to prepare for the season.

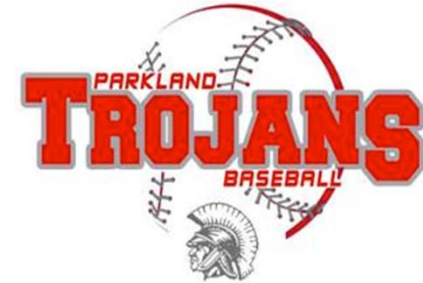
Date: Saturday, February 25, 2012

Participants: players in grades 3-7 (*spaces is limited*)

Fee : \$25 per participant (includes tee shirt)

Location: Parkland HS auxiliary Gymnasium

Schedule: grades 3-4 (9:00 am-10:45 am) / grades 5-7 (11:30 am-1:15 pm)



Enrollment Form: All Information must be completed. Please PRINT clearly.

Player Name _____ Grade _____
Please note: all registration confirmation and other camp information will be sent via email.
Address _____
cell# _____
City _____ State ____ Zip _____
Parents Name(s) _____ email _____
Home Phone _____ Work Phone _____
Medical Insurance Company _____ Policy # _____
Emergency Contact Name _____ Phone _____
Player t-shirt size (circle): YS YM YL AS AM AL

Mail Registration and payment to: _____ Make checks payable to:
Chip Hurd "Parkland HS Baseball Booster Club"
5926 Michael's Crossing
Orefield, PA 18069

I certify that my child, _____, has had a physical exam within the last six months and is in sound physical condition for participation in the Youth Baseball Clinic. Also, I authorize the staff of the Clinic to act accordingly and with their best judgment in an emergency situation. I have adequate insurance and hereby waive and release Parkland HS, Parkland Baseball Booster Club and clinic staff from any and all liability in the event of injury or illness requiring treatment, hospitalization and/or surgery. Parkland HS, Parkland Baseball Booster Club and clinic staff are not responsible for and will not provide any medical, dental, hospital or laboratory fees due to injury while participating in the Youth Baseball Clinic.
Please indicate any medical needs:

Please indicate any allergies:

Signature of parent or guardian:
