

CLINIC REGISTRATION FORM

Name: _____ Age: _____ Date of Birth: _____
Address: _____ City: _____ State: _____ Zip: _____
Telephone: _____ Cell Phone: _____
Parent/Guardian Name: _____ Email: _____
Emergency Contact Number: _____

Clinic Information

Clinic Name: _____ Baseball: ___ Softball: ___
Age Group: _____ Dates: _____ Days: _____

Payment Method

Cash: _____ Check: _____ Gift Certificate: _____
Credit Card Number: _____ Expiration Date: _____
Name on Card: _____ Signature: _____

Parental Authorization

I hereby authorize the staff at the Sandlot Baseball Academy to act in their best judgment in any emergency situation requiring medical attention. I agree to waive and release the Sandlot Baseball Academy and its staff from any and all liability for any injuries, losses or damage while attending a Sandlot Baseball Academy Clinic, Lesson, or Program. I further state that the participant listed above is physically able to participate in the above listed clinic, lesson or program.

Signature Parent/Guardian: _____ Date: _____