

TWIN CITY BASEBALL & SOFTBALL CLUB

Baseball Clinic Registration Form

YOUTH PLAYER INFORMATION			
Last Name	First	M.I.	DOB:
Street Address	Apartment/Unit #		
City	State	ZIP	
Phone	E-mail Address		
Sex (M/F):	Bat (R/L):	Throw (R/L):	
Defensive Positions:			
Do you play in a recreational league?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, what league?
Do you play for a travel team?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, what travel team?

CLINIC REGISTRATION			
Hitting Clinic	Sundays, 1/22 – 3/11 (8 weeks)	Age Group	7-8 <input type="checkbox"/> 9-10 <input type="checkbox"/> 11-12 <input type="checkbox"/> Total \$125
Fielding & Throwing	Saturdays, 1/28 – 3/3 (6 weeks)	Age Group	7-8 <input type="checkbox"/> 9-10 <input type="checkbox"/> 11-12 <input type="checkbox"/> Total \$100
Pitching	Saturdays (1/21, 2/4, 2/18, 3/3)		YES <input type="checkbox"/> Total \$60
Catching	Saturdays (1/28, 2/11, 2/25, 3/10)		YES <input type="checkbox"/> Total \$60
Make check payable to :	Twin City Baseball & Softball Club	Check Number:	Check Amount:

CONSENT FOR MEDICAL TREATMENT & LIABILITY RELEASE	
<p>I verify that my son/daughter has been checked by a licensed physician and is physically able to participate in this Sports Camp/Clinic. As the Parent or Legal Guardian of the above named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions necessary to preserve the life, limb, or well being of my dependent.</p> <p>The undersigned does hereby agree to hold harmless and indemnify LakeSide Sports Center, AGI Inc., Great Lakes Family Sports, their officers, agents, coaches, assistants and employees, from any and all liability, loss, damages, costs, or expenses which are sustained, incurred, or required arising out of the actions of my son/daughter in the course of the camp/clinic.</p>	
Parent or Legal Guardian Signature	Date

SPACE IS LIMITED!!! RESERVATIONS WILL BE MADE UPON PAYMENT.

Mail Check and Form to:

**Twin City Baseball and Softball Club
3905 M-139, Suite #111
St. Joseph, MI 49085**