

Pitching Clinic Registration Form

Sunday, February 21 and March 6, 13 and 20

10:00 – 11:00 or 11:00 – 12:00

Niles West Wrestling Gym

SUBMIT FORM TO COACHKIM011@GMAIL.COM

PAYMENT BY CHECK DUE AT FIRST SESSION

Players Name _____ Birth Date: M__Y__ Current Age _____

Address _____ City _____ Zip _____

Home Phone _____ School _____ Current Grade _____

Mother's Name _____ Daytime Phone _____

Father's Name _____ Daytime Phone _____

E-Mail Address _____

Choose one of each:

Beginner: _____

Intermediate: _____

10:00 – 11:00 _____

11:00 – 12:00 _____

Waiver: We hereby give consent and agree to release, indemnify and hold harmless School District 219, Niles West High School, Niles North High School, Lincolnwood Baseball Association, Morton Grove Baseball Association, Skokie Indians and Skokie Youth and their sponsors, officers, directors, coaches and all representatives from any claims & liabilities of any kind which may arise at any time out of or in connection with these pitching clinics. We hereby authorize officials representing these organizations to obtain emergency medical treatment for our child for any illness and or injury required while participating in the pitching clinic program.

Parent / Guardian X _____

Date: _____