# EXTRA BASES BASEBALL CLINIC

# WAIVER

As parent/guardian of the applicant, I hereby give permission for my child to participate in the Extra Bases Clinic and agree to comply with all program regulations and hereby discharge coaches, clinic site, staff and management from any liability for injuries incurring while participating in the clinic program.

Furthermore, I confirm the applicant is in good health (updated physical exam) and able to take part in the physical activities associated with the Extra Bases Clinic. I give full permission to the Extra Bases Clinic Staff to administer appropriate medical decisions in the absence of, or inability to get in contact with the applicants parents/guardian or emergency contacts. Health care provider 508-851-0807

#### Х

Signature

Date

#### **GENERAL INFORMATION**

Week 1 June 24-27 Week 2 July 1-5 no 4th Week 3 July 8-11 Week 4 July 15-18 Week 5 July 22-25 All weeks ages 8-12

### TUITION

\$250 Per week \$450 for any 2 weeks \$650 for any 3 weeks \$825 for 4 weeks \$1025 for 5 weeks

20% OFF ADDITIONAL SIBLINGS PER WEEK

MAKE CHECKS PAYABLE TO:

"Bill O'Connell "

#### REGISTRATION

To register, complete the attached registration form and return both the application, signed waiver and updated physical exam with full payment to:

Bill O'Connell

179 Lincoln Road

Walpole, Ma 02081

## APPLICATION

CLINIC WEEK(s)

1 2 3 4 5

NAME
AGE
ADDRESS
TOWN
PHONE#
CELL#
EMERGENCY #
EMAIL
ALLERGIES
CONCERNS

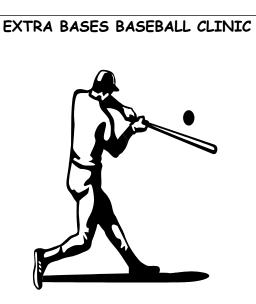
UPDATED <u>PHYSICAL</u> MUST BE SUB-MITTED WITH REGISTRATION

WE DO NOT OFFER REFUNDS DUE TO WEATHER. WE WILL MAKE EVERY ATTEMPT TO CONDUCT the CLINIC OUTDOORS

> CONTACT CLINIC DIRECTOR BILL OCONNELL 508-851-0807

www.extrabasesclinic.com

facebook.com/extrabaseswalpole



 Week 1
 June 24-27

 Week 2
 July 1-5 no 4th

 Week 3
 July 8-11

 Week 4
 July 15-18

 Week 5
 July 22-26

West Street Fields 9am-2pm Ages 8-12 Monday-Thursday Walpole Little League Clinic

www.extrabasesclinic.com Facebook.com/extrabaseswalpole