

WALPOLE 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. In case of an emergency, call 911 or health care provider 5088510807

X _____

GENERAL INFORMATION

Week 1 June 25-29
Week 2 July 2-6 no 4th
Week 3 July 9-13
Week 4 July 16-20
Week 5 July 23-26 Junior Week

Monday through Friday
9am-2pm daily
Ages: 8-12 year olds
West Street Complex

TUITION

\$215 Week 1,3,4
\$170 for week 2

\$110 for Week 5 Junior Week

\$380 for any two weeks

\$530 for any three 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

CIRCLE CLINIC WEEK(S)

1 2 3 4 5

NAME _____

AGE _____

ADDRESS _____

TOWN _____

PHONE# _____

CELL# _____

EMERGENCY # _____

EMAIL _____

ALLERGIES _____

CONCERNS _____

UPDATED PHYSICAL MUST BE SUBMITTED WITH REGISTRATION

WE DO NOT OFFER REFUNDS DUE TO WEATHER. WE WILL MAKE EVERY ATTEMPT TO CONDUCT THE CLINIC OUTDOORS OR AT AN ASSIGNED INDOOR LOCATION.

CONTACT CLINIC DIRECTOR

BILL OCONNELL 508-851-0807

www.extrabasesclinic.com

facebook.com/extrabaseswalpole