

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

X _____
Signature Date

GENERAL INFORMATION

Week 1 June 21-25
Week 2 August 2-6

Monday through Thursday
Friday is the rain make up day

9am-1pm daily for 8-12 year olds

9am-11:30 daily for 6-7 year olds

Ages: 6-12 year olds

Hollingsworth Park Fields

TUITION

\$215 PER WEEK for 8-12 Year Olds

\$150 PER WEEK for 6-7 Jr Wamps

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

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

CONTACT CLINIC DIRECTOR

BILL OCONNELL 508-851-0807
OKIE12@AOL.COM

www.extrabasesclinic.com

[Facebook.com/extrabasesbraintree](https://www.facebook.com/extrabasesbraintree)