



Registration Form & Medical Release

PARTICIPANT'S NAME _____ AGE _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PARENT'S EMAIL ADDRESS _____

Any MEDICAL CONDITIONS we should be aware of? _____

How did you find out about Southwest Baseball Clinic _____

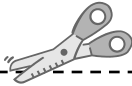
What league do you belong to? _____

I hereby authorize Southwest Community Church to act for me in an emergency, and hereby waive and release Southwest Community Church and all individuals assigned to help from any and all liability for any and all injuries sustained while in attendance of the clinic sessions. I further understand that attending a clinic of this kind can be dangerous. Drills and game situations that are used will create the danger of being struck by batted or thrown balls. I accept full responsibility for the above students medical bills and all other associated expenses as a result of injuries or illnesses sustained while in attendance. I also understand that the above student is attending this clinic at his or her own risk.

MUST BE SIGNED BY PARENT OR GUARDIAN:

X _____ DATE _____

Please mail or fax registration form before March 10th to:
Southwest Community Church
4405 Van Dyke Rd
Minooka, IL 60447
Fax: 815 475-4682 Phone: 815 475-4680 x 105



Southwest Baseball Clinic Reminder:

March 13 & 14 6:00—8:00 P.M. @ Joliet Park District Multi-Purpose Center
3000 West Jefferson St. Joliet, IL 60435 (Next to Joliet Memorial Stadium)
Ages 7—12
Bring batting helmet, glove, and bat if possible
Parents are welcome to watch