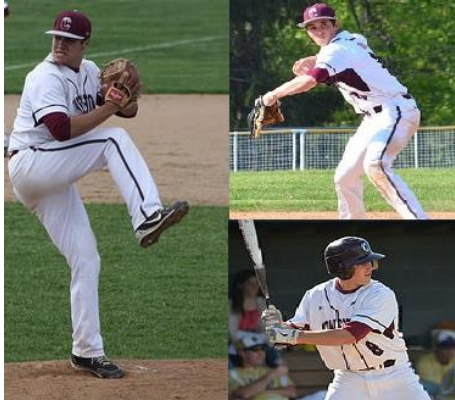


Conestoga Baseball Youth Clinic

Get Ready for Your 2015 Little League Season
Learn from Conestoga's High School Team and Coaches!!



When: Sunday, March 15, 2015

12- 2pm (ages 5 - 8)

3 - 5pm (ages 9 -12)

Where: Conestoga HS Gym

Cost: \$30, \$55 for 2 siblings

(\$35 walk-up registration if space is available)

Mail in registration must be received by March 8th

Special Gift to 1st 50 registrations

Please wear sneakers and bring your glove, bat, hat and helmet!!

Questions? Ayuko.siegel@gmail.com

www.conestogabaseball.net

Reserve your spot now!

Player Name: _____ Age: _____

Address: _____ Email Address: _____

Parents Names: _____ Primary Phone: _____

Emergency Contact day of clinic: _____ Phone: _____

Medical Concerns: _____ DSLL/BPALL _____

Make checks payable to: Conestoga Baseball Booster Club

**Mail the bottom portion of this form with check or cash to:
CBBC Attn: Ayuko Siegel 740 Heatherstone Drive, Berwyn, PA 19312**

Release:

My son, _____, is permitted to participate as a player in the Boy's Baseball Clinic ("Clinic") provided by the Conestoga High School Baseball Team. I do understand that any people involved with this Clinic are not responsible for any injuries or accidents that may occur to my son(s) before, during or after any activities associated with the Clinic. In the event my son is injured and I cannot be reached to make emergency medical arrangements or circumstances make it impracticable for me to be reached, I hereby authorize the participating coaches/volunteers to contact emergency medical personnel. I covenant and agree, that for and in consideration of my son's participation in such Clinic, to indemnify and hold harmless the Conestoga Boy's Baseball Team, its players, coaches, parents, and volunteers assisting in these activities, from any and all injuries, damages, claims or liability of any kind, whatsoever, including by any error, omission or negligent act of my son. I further do hereby expressly release, discharge and hold harmless the Conestoga Baseball Team, its players, coaches, parents, and volunteers assisting in these activities, from any and all damages, claims, or liability of any kind, whatsoever, from any injury or death to my son or damage to property, arising or resulting from my son's participation in any activities associated with the Clinic.

Parent/Guardian Signature: _____ Date: _____