

# WILLAMETTE AREA BABE RUTH

# BASEBALL CLINIC



Clinic: \_\_\_\_\_  
Paid: \_\_\_\_\_  
Rec'd: \_\_\_\_\_

Please complete this form as accurately as possible. Registration: \$10 per session. Make checks payable to Willamette Area Babe Ruth. Please bring a baseball bat, batting helmet and baseball glove. No metal cleats allowed.

**LAST NAME:**

**FIRST NAME:**

**STREET ADDRESS:**

**CITY:**

**ZIP CODE:**

**PHONE NUMBER:**

**E-MAIL ADDRESS:**

**CURRENT GRADE:**

**HIGH SCHOOL DISTRICT:**

**BIRTHDATE:**

**\*AGE ON APRIL 30, :**

**EMERGENCY CONTACTS:**

**NAME:**

**PHONE:**

**ALTERNATE PHONE:**

**NAME:**

**PHONE:**

**ALTERNATE PHONE:**

Clinic will be held at  
**Willamette High School**

1801 Echo Hollow Road

In case of an accident or illness, I hereby authorize a representative of Babe Ruth Baseball to use his/her judgment in obtaining immediate medical care (parents/guardians will be notified in case of serious illness or injury as quickly as they can be reached, but this makes immediate treatment possible). The Willamette Area Babe Ruth Winter Baseball Clinic does not carry accident insurance, and therefore the parent/guardian accepts all liability for any medical costs that may be incurred in the event of an accident or illness. By signing this form the parent/guardian also acknowledges that the clinic participant has no medical or emotional problem which may effect his ability to safely participate in clinic activities. Parent/Guardian signature is required in order for player to participate.

\_\_\_\_\_  
**PARENT/GUARDIAN SIGNATURE**