



Registration Form RookieBall Skills Clinic

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|--|--|--------------------|---------------------|
| Athlete Name: | | | |
| | <small>First</small> | | <small>Last</small> |
| Athlete Date of Birth: | | | |
| | <small>Month</small> | <small>Day</small> | <small>Year</small> |
| Sex: MALE FEMALE | Current League Playing In: | | |
| Parent Name: | | | |
| | <small>First</small> | | <small>Last</small> |
| Address: | City: | Postal Code: | |
| Telephone: - - | Email: @ | | |
| Emergency Contact Name: | | | |
| | <small>First</small> | | <small>Last</small> |
| Emergency Contact Telephone: - - | T-Shirt Size: YOUTH: S M L ADULT: S M | | |

A team of Hamilton Cardinals qualified coaches will instruct players on hitting, throwing, fielding, and more. The clinic is designed to enhance the play and the enjoyment of the game of baseball as well as develop player abilities.

Players should bring their own batting helmet, bat and glove.

Mahoney Park (Barton St. E., West of Parkdale Ave.)
Tuesday August 16th, and Wednesday August 17th, 2011
9:00am to 11:30am
Registration Fee \$10.00

By Signing I agree that I, the parent or guardian of the above-named registrant, hereby give my approval to his or her participation in the above noted clinic. I agree that players will be assigned to groups at the discretion of clinic organizers. I will assume all risks and hazards to the registrant including transportation to and from the activities. I do hereby waive, release, absolve, indemnify and agree to hold harmless, the Hamilton Cardinals Rep Baseball Association and all of its volunteers, officials and affiliates for claims arising out of an injury to the registrant, whether the result of negligence or for any other cause. I acknowledge that there are no refunds.

SIGNED:

Please complete and return this form
prior to August 1st, 2011 to...

Hamilton Cardinals RookieBall Skills Clinic
 450 Mary Street
 Hamilton, Ontario
 L8L 4W9

Payment of \$10 will be collected @ park prior to beginning.