



SYOSSET BASEBALL CLINICS 2010

CLINIC REGISTRATION FORM

NAME _____

STREET _____

CITY _____ STATE _____ ZIP _____

EMAIL _____

TELEPHONE _____

BIRTHDATE _____ HEIGHT _____ WEIGHT _____

5 WEEKLY SESSIONS (BEGINNING ON OR ABOUT MAY 5) \$125.00

Location: Stillwell Woods Baseball fields 4:15pm-5:45pm

5/6 Year Old Division Tuesday _____

7/8 Year Old Division Wednesday _____ Thursday _____

Please check your preferred day.

The undersigned acknowledges that attendance at The Great American Baseball Company (GAB) involves certain risks, and the undersigned assumes and accepts full responsibility for these risks. In consideration of being permitted to use the facilities, the undersigned agrees that neither the Great American Baseball Company, Inc., their affiliates, and their respective directors, officers, employees, partners and agents (collectively, "Releasees") shall be liable on account of any claim arising out of property damage, personal injury, illness, or death suffered by the undersigned while at attendance at GAB.

For consideration aforesaid, the undersigned waives, releases, and discharges any and all claims, whether anticipated or unanticipated, included without limitation claims based on acts of the Releasees, which the undersigned or their heirs, executors, administrators, or assigns of the undersigned might have against any of such persons on account of any property damage or personal injury, illness, or death suffered by the undersigned in connection with or related to the Releasees. The undersigned releases, indemnifies and holds harmless the Releasees from and against any and all such claims asserted by the undersigned or any such third person on account of any such property damages or personal injury, illness, or death caused or incurred by the undersigned.

The undersigned authorizes the physicians and staff of the hospitals closest to the ballpark to treat injury or illness for my child's most advantageous welfare. The undersigned also authorizes the staff to act for my child in any emergency that requires medical attention. The undersigned hereby waives and releases the Releasees from responsibility for any injury or illness my child incurs while at camp.

REFUND/CANCELLATION POLICY: Written notice of cancellation must be received by April 20, 2010 and is subject to a \$50 administrative fee. Notices received later than April 20 will be entitled to a full session credit toward a 2010 session or a \$75 credit toward the 2010 summer camp session.

PARENT(GUARDIAN) SIGNATURE _____

MAKE CHECKS PAYABLE TO "GREAT AMERICAN BASEBALL COMPANY".

MAIL REGISTRATION FORMS TO: SYOSSET BASEBALL ASSOCIATION
P.O. BOX 302
SYOSSET, N.Y. 11791
ATTN: GREAT AMERICAN BASEBALL CLINICS

ALL REGISTRATION FORMS MUST INCLUDE EMAIL ADDRESS OR WILL NOT BE ACCEPTED.