

## Extra Innings Clinic Registration Form

Player's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

Clinic: 1 \_\_\_\_\_  
 2 \_\_\_\_\_  
 3 \_\_\_\_\_

Payment:  Check Amount Enclosed: \$ \_\_\_\_\_  
 VISA Card Number: \_\_\_\_\_  
 Mastercard Expiration: \_\_\_\_\_  
 American Express  
 Discover  
 Signature: \_\_\_\_\_

**Phone Number a Parent/Guardian can be reached during Clinic Hours:**

Name: \_\_\_\_\_ Number: \_\_\_\_\_  
 Name: \_\_\_\_\_ Number: \_\_\_\_\_

### MEDICAL RELEASE FORM

I/We the parent(s)/guardian(s) of the above mentioned minor child, do give my/our approval to his/her participation in the Extra Innings Clinic. I/We assume all risks and hazards incidental to such participation; and I/We do hereby waive, release, absolve, indemnify, and agree to hold harmless Extra Innings, the organizers, sponsors, and participants of the clinic activities for any claim arising out of an injury to my/our child to the extent covered by accident or liability insurance.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_