

Casper Youth Baseball Clinic

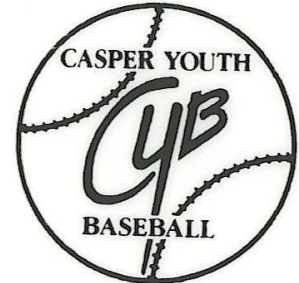
Small Group Instruction

Emphasis on Hitting & Fielding Fundamentals

Saturday, April 14th

Ages 7-10 9:30am-Noon

Ages 11-15 1:00-3:30pm



Field of Dreams Complex

(If inclement weather, check website or call office for alternate location)

Cost: \$5

Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

PARENTAL RELEASE FORM

In consideration of my child (Participant) being permitted to participate in the Casper Youth Baseball Clinic offered by Casper Youth Baseball, on behalf of my child, myself and anyone who obtains rights from my child or me, I hereby voluntarily waive, fully release and discharge the above agency and entities, its directors, officers, employees, agents, insurers, various sponsors and [paid and non-paid volunteers] from liability for injury, illness, death, damage or loss to participant or participant's property arising out of or in any way related to Participant's activities at the Casper Youth Baseball Clinic. I certify that my child (Participant) is medically fit to participate in the clinic, and that we (I) will be responsible for any medical or other charges in connection with their appearance at the clinic. We (I) hereby give permission to Casper Youth Baseball Clinic to provide medical attention to our (my) child (Participant), in the event of injury or illness. I have read this form and understand its contents and request registration for my child.

Signature of Parent/Guardian: _____