



# Sandlot Academy of WNY

A Competitive Edge of Western New York Company

## Catchers Clinic Registration

### CATCHERS CLINIC REGISTRATION FORM

**This is a must for any player that wants to take their catching skills to the next level**

#### **Clinic Highlights**

**In-depth fundamentals and mechanics of catching, to include throwing, receiving, throw-down, blocking, basics for conditioning.**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Emergency Telephone Number: \_\_\_\_\_  
 Parent or Guardian: \_\_\_\_\_

CLINIC FEE \$140

CLINIC TIMES Nov 6 - Dec 11 7:30 – 9:00 PM

#### Payment Type

Cash \_\_\_\_\_  Check \_\_\_\_\_ [Check No.]

E – Mail: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

# PARTICIPANT INFORMATION & RELEASE FORM

PLEASE PRINT

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

-Parent / Guardian Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

-Local Emergency Contact if parent or guardian is not available:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone#: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

**I have enrolled my child/dependent in a program sponsored by Sandlot Academy of WNY a Competitive Edge of Western New York LLC Company, and in connection with the enrollment, I certify that:**

1. I have read the synopsis of the program and I hereby understand, accept and assume all the risks of my child's/dependent's participation in the program.
2. To the best of my knowledge, my child/dependent is physically able to participate in the program and I know of no physical condition and/or disability, which would prevent his/her participation in the program.
3. My child/dependent will abide by the decisions of the program leader with regard to all aspects of the activities within the program.
4. To the best of my knowledge, my child/dependent has all of the necessary qualifications to perform all activities in the program.
5. I hereby agree to hold harmless and release its employees, it's from all claims I or my child/dependent may have including the institution of a lawsuit against the Competitive Edge of WNY, LLC DBA Sandlot Academy of WNY its employees and its agents, for injuries or losses sustained by me or my child/dependent as the result of participation in the program.
6. I hereby give permission for the use, without fee, of my child's/dependent's name and picture in any broadcast, telecast, or print media account of this program for promotional and publicity purposes.
7. ON OCCASION, MEDICAL EMERGENCIES MAY ARISE WHICH REQUIRES THE MEDICAL SERVICES OF ATTENDING PHYSICIANS, OTHER MEDICAL SERVICES, AND/OR HOSPITAL SERVICES WITHOUT RECEIVING THE PATIENT'S CONSENT TO SAID SERVICES BEING PROVIDED TO MY CHILD/DEPENDENT.

I hereby certify that I am the parent/guardian of \_\_\_\_\_ and that the aforementioned statements made by me are true and the foregoing statements made by me are not willfully false.

**X** \_\_\_\_\_ **X** \_\_\_\_\_  
Parent/Guardian (signature) Parent/Guardian (print name) Date

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