

KENNEDY CATHOLIC



Winter Clinic



**LEARN TO HIT, PITCH AND FIELD **

- AGES 14 AND UNDER
- LOCATION: KENNEDY CATHOLIC HIGH SCHOOL
54 ROUTE 138 SOMERS, NY
- DATES: JANUARY 9TH THROUGH FEBRUARY 27TH
- TIME: 7PM-9PM
- FEE: \$250
- BRING BASEBALL GLOVE & BAT
- ANY QUESTIONS CONTACT BOB FLETCHER VARSITY COACH;
(845) 264-4974

MAKE CHECK PAYABLE TO: KENNEDY CATHOLIC BASEBALL

MAIL REGISTRATION FORM WITH CHECK TO:
KENNEDY CATHOLIC HIGH SCHOOL
54 ROUTE 138 SOMERS, NY 10589
ATTENTION: BOB FLETCHER (CELL: 845-264-4974)

I, THE PARENT OR LEGAL GUARDIAN OF _____ GIVE HIM MY PERMISSION TO PARTICIPATE IN THE JFK BASEBALL CAMP. I ASSUME ALL RISK AND HAZARDS INCIDENTAL TO SUCH PARTICIPATION AND I DO HEREBY WAIVE, RELEASE ABSOLVE, INDEMNIFY AND AGREE TO HOLD HARMLESS THE SPONSORS AND COACHES FOR ANY CLAIM ARISING FROM AN INJURY TO MY SON AND OR WARD. I ALSO UNDERSTAND THAT IT IS MY RESPONSIBILITY TO NOTIFY THE COACH OF ANY MEDICAL OR PHYSICAL CONDITION THAT COULD LIMIT OR EFFECT MY CHILDS PARTICIPATION IN THE CAMP OR THAT REQUIRES SPECIAL ATTENTION. I AM IN FULL UNDERSTANDING OF THE ABOVE AND GIVE PERMISSION TO MY SON OR WARD TO PARTICIPATE IN THE JFK CATHOLIC HIGH SCHOOL BASEBALL CAMP.

PARENT OR LEGAL GAURDIAN SIGNATURE

DATE

EMAIL ADDRESS: _____

PHONE NUMBER: _____