



Diamond Sports Training
 45685 Oakbrook Court Suite 110
 Sterling, VA 20166
 703-430-7011
 www.DiamondSportsTraining.com



AGSL Winter Clinics

<u>Age</u>	<u>Clinic</u>	<u>Day</u>	<u>Time</u>	<u>Cost</u>	<u>Dates</u>
8U	Hitting	Sunday	12-1 PM	\$90	Jan. 8, 15, 22, 29
8U	Pitching	Sunday	1-2 PM	\$90	Jan. 8, 15, 22, 29
10U	Pitching	Sunday	12-1 PM	\$90	Jan. 8, 15, 22, 29
10U	Hitting	Sunday	2-3 PM	\$90	Jan. 8, 15, 22, 29
8 & 10U	Fielding	Sunday	2-3 PM	\$90	Jan. 8, 15, 22, 29
12U	Hitting	Sunday	2-3 PM	\$90	Jan. 8, 15, 22, 29
14U	Hitting	Sunday	3 - 4 PM	\$90	Jan. 8, 15, 22, 29
12U	Pitching	Sunday	3 - 4 PM	\$90	Jan. 8, 15, 22, 29
14 & up	Pitching	Sunday	4 - 5 PM	\$90	Jan. 8, 15, 22, 29
12, 14, 18L	Fielding	Sunday	4 - 5 PM	\$90	Jan. 8, 15, 22, 29
8U	Hitting	Saturday	1-2 PM	\$90	Feb. 18, 25 Mar 10, 17
8U	Pitching	Saturday	2-3 PM	\$90	Feb. 18, 25 Mar 10, 17
10U	Pitching	Saturday	1-2 PM	\$90	Feb. 18, 25 Mar 10, 17
10U	Hitting	Saturday	2-3 PM	\$90	Feb. 18, 25 Mar 10, 17
8 & 10U	Fielding	Saturday	3-4 PM	\$90	Feb. 18, 25 Mar 10, 17
12U	Hitting	Saturday	5-6 PM	\$90	Feb. 18, 25 Mar 10, 17
14U	Hitting	Saturday	4-5 PM	\$90	Feb. 18, 25 Mar 10, 17
12U	Pitching	Saturday	4-5 PM	\$90	Feb. 18, 25 Mar 10, 17
14 & up	Pitching	Saturday	5-6 PM	\$90	Feb. 18, 25 Mar 10, 17
12, 14, 18L	Fielding	Saturday	3-4 PM	\$90	Feb. 18, 25 Mar 10, 17

Enrollment is limited! We reserve the right to cancel any clinic. If a clinic fills, we will attempt to create another one.

Total Amount Due: \$ _____

Payment Method: Cash Check (Payable to DST) # _____ Visa MC Discover

Credit Card # _____ Exp. Date _____

Cardholder's Name _____ Security Code _____

Player Name (Last, First)	Birthdate	M/F	Allergies/Health Concerns
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_____	_____	_____	_____
_____	_____	_____	_____

Mother/Guardian (last, first): _____ Father/Guardian (last, first): _____

Address: _____ Address: _____

Phone: (h) _____ Phone: (h) _____

(w) _____ (w) _____

(c) _____ (c) _____

e-Mail(s): _____ e-Mail(s): _____

Add to e-Mailing List? _____ Add to e-Mailing List? _____

Emergency Contact: _____ Phone # (during activity hours): _____

Health Insurance Company/Policy Number: _____

I hereby state that my child is in good normal health and is able to participate in a strenuous physical activity. I recognize that all classes and activities of a physical nature involve some risk and, by registering for a specific activity, I am representing that I understand the possible risks involved with this type of activity. I give my permission for emergency medical treatment in the event of injury or sickness. I waive and release Diamond Sports Training, its owners, and employees from any and all liability in case of an accident.

Signature (signed by Parent if under 18): _____ Date: _____

Printed Name: _____

My Child(ren)'s name or image may appear in Diamond Sports Training promotional materials:	Yes	No
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