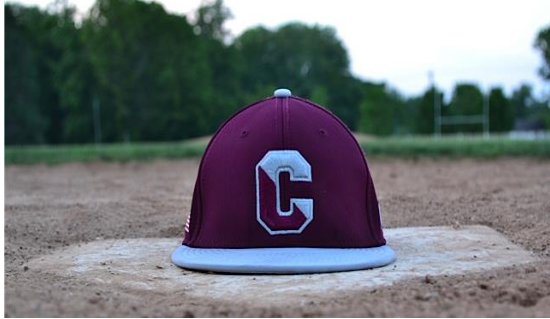


# Conestoga Baseball Youth Clinic

Get Ready for Your 2014 Little League Season  
Learn from Conestoga's High School Team and Coaches!!



**When:** Sunday, March 16, 2014  
12- 2pm (ages 5 - 8)  
3 - 5pm (ages 9 -12)

**Where:** Conestoga HS Gym

**Cost:** \$30, \$55 for 2 siblings  
if pre-registered by March 9<sup>th</sup>  
(\$35 walk-up registration if space is available)

Special Gift to 1st 50 registrations

Please wear sneakers and bring your glove, bat, hat and helmet!!

[www.conestogabaseball.net](http://www.conestogabaseball.net)

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**Reserve your spot now- mail bottom of form with payment by  
March 9, 2014 to:**

**"Conestoga Baseball Booster Club"**  
**Ayuko Siegel: 740 Heatherstone Drive, Berwyn, PA 19312**  
**610-407-9407 [ayuko.siegel@gmail.com](mailto:ayuko.siegel@gmail.com)**

Player Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Parents Names: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Concerns: \_\_\_\_\_

**Release:**

My son, \_\_\_\_\_, is permitted to participate as a player in the Boy's Baseball Clinic ("Clinic") provided by the Conestoga High School Baseball Team. I do understand that any people involved with this Clinic are not responsible for any injuries or accidents that may occur to my son(s) before, during or after any activities associated with the Clinic. In the event my son is injured and I cannot be reached to make emergency medical arrangements or circumstances make it impracticable for me to be reached, I hereby authorize the participating coaches/volunteers to contact emergency medical personnel. I covenant and agree, that for and in consideration of my son's participation in such Clinic, to indemnify and hold harmless the Conestoga Boy's Baseball Team, its players, coaches, parents, and volunteers assisting in these activities, from any and all injuries, damages, claims or liability of any kind, whatsoever, including by any error, omission or negligent act of my son. I further do hereby expressly release, discharge and hold harmless the Conestoga Baseball Team, its players, coaches, parents, and volunteers assisting in these activities, from any and all damages, claims, or liability of any kind, whatsoever, from any injury or death to my son or damage to property, arising or resulting from my son's participation in any activities associated with the Clinic.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_