

## Pitching Clinic Registration

Name \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_ email \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Contact # \_\_\_\_\_

Allergies \_\_\_\_\_

Medication \_\_\_\_\_

Medication Instructions if needed \_\_\_\_\_

\_\_\_\_\_

Other concerns \_\_\_\_\_

\_\_\_\_\_

Other emergency contact name and number \_\_\_\_\_

\_\_\_\_\_

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I \_\_\_\_\_ give \_\_\_\_\_ permission to participate in the Salem Pitching clinic. I understand that an injury may occur and will not hold Salem University legally responsible. In the event of an injury I give the clinic permission to care for my child within necessary means.

Parent/guardian Signature \_\_\_\_\_

Date \_\_\_\_\_