



## 2016 Youth Baseball Clinic at Concord Middle School July 25– 27 (9 and up)

Player's Name \_\_\_\_\_  
Last Name First Name Middle Name

Address \_\_\_\_\_  
Street City Zip

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Please list any disabilities that need special attention: \_\_\_\_\_

We/II, the parent (s) or guardian have given permission for \_\_\_\_\_ to participate in the Youth Baseball Clinic sponsored by CITY OF CONCORD PARKS AND RECREATION.

As parent or guardian of above participant, I hereby give consent for any emergency treatment as approved by his/her coach or other adult escort, in case of illness or injury while participating in this athletic program. I understand that that is to prevent undue delay and assure prompt treatment and that only a licensed physician will be engaged for such an emergency. Parents will be notified in case of serious illness or injury as quickly as they can be reached, but this will make immediate treatment possible.

Concord Parks and Recreation, its staff, facilities and instructors will not be held responsible for any injury or loss that might occur in the course of this clinic. Photos may be taken of my child for departmental use. I verify that I have read and fully understand the above information.

Signature of Parent/Guardian \_\_\_\_\_ Printed Name of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Receipt Number	Cash/Check #	Amount	Date
_____	_____	_____	_____