



2010 9er Baseball Winter Training Clinic Registration Form

Ted Lawrence, Head Varsity Baseball Coach, Rye Country Day School

Location: SUNY College at Purchase, Physical Education Building,
Purchase, NY

Dates: Saturday January 9, 16, 23, 30
Saturday February 6, 13, 20, 27

Ages 12-18 6:00 - 8:30 pm **Limited to 25 players** (grouping will be age appropriate)

Cost: \$550 per player for 8 Sessions (walk-in's \$80 per session)

**All participants MUST park in the lot behind the Physical Education building.
Parking is not allowed in the Faculty/staff upper lot.**

**FOR INFORMATION, including Weather Updates
CALL: 914-656-0271 or go to WWW.9ERBASEBALL.COM**

Checks payable to: **9er Baseball** Send bottom portion of registration form and payment to:
9er Baseball, 37 Sheryl Lane, Mahopac, N.Y. 10541 Phone: 914-656-0271 or 914-925-4530

NAME: _____ Age: _____

CLINIC(s): _____

PHONE: _____ EMAIL: _____ AMOUNT ENCLOSED: _____

9er Baseball t-shirts will be given to all players who register.

T-SHIRT SIZE (circle): Youth S Youth M Youth L Adult S Adult M Adult L Adult XL

EMERGENCY CONTACTS (names and #'s with any medical info.) _____

I hereby authorize my child to participate in the 9er Baseball Winter Baseball program. I hereby release 9er Baseball and SUNY College at Purchase, their servants, and employees from liability for personal injuries or property damage sustained by my child in connection with such participation. In case of injury, I authorize clinic staff to take my child for treatment at my expense. I also understand and agree that payment for clinic is non-refundable.

Parent/Guardian Signature: _____ Date: _____