

Winter Baseball Clinics

PRESENTED BY:

Riverhead Blue Waves Baseball Booster Club



All instruction will be done by the Riverhead Baseball Varsity and JV coaches, as well as their players. The 4 week program works on all aspects of baseball. Your child will work on the fundamentals of hitting, fielding, and pitching. The program is designed to get you back into playing baseball and getting better each week.

Dates: All sessions on Sundays: Jan 6th, Jan 13th, Jan 20th, February 3rd

Times: Ages 5-7: 9:00-10:00am **Cost:** \$40
Ages 8-Middle School: 9:00-10:30am **Cost:** \$60

Location: HIGH SCHOOL GYM

Child's Name: _____

Phone#: _____ Emergency Phone # _____

Address: _____

Age: _____ DOB: _____ Email: _____

Please complete above registration & make checks payable to: **Blue Waves Baseball Booster Club ("BWBBC")**.

Mail to: 135 Sunrise Ave. Riverhead, NY 11901 c/o Jen Raynor

Email: Braynor28@gmail.com **Contact Number:** (516) 924-0762

All proceeds go to the Blue Waves Baseball Booster Club

Conditions of attendance: In consideration of the Riverhead Blue Wave Baseball Booster Club allowing my child to attend, I (we), individually and as legal guardian(s) (and/or) parent of: _____ (Child's Name) a minor, ("my child"), do hereby release, discharge, indemnify and hold harmless the Riverhead Blue Waves Baseball Booster Club and its owners, directors, officers, employees, agents, successors, and assigns from and against, and waive any and all claims or liabilities for, any injuries, losses or damages, including without limitations, injuries to my child, myself and/or property, arising out of or incident to my child's participation in Blue Waves Booster Club. I further herby authorize an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility and/or doctor or associated personnel to provide my child with medical assistance and/or treatment according to their best judgment in case of any medical emergency involving my child.

Date: _____ 20____

Witness Parent's

(Legal Guardian's) Signature

Important Medical Information Accident Insurance: Because of rising insurance costs and our effort to keep our Tuition reasonable, I AGREE THAT NEITHER THE BOOSTER CLUB NOR THE SCHOOL DISTRICT IS OBLIGATED TO COMPENSATE FOR OR INSURE AGAINST MEDICAL EXPENSES RESULTING FROM AN INJURY INCURRED WHILE PARTICIPATING IN THE BLUE WAVES BOOSTER CLUB CLINIC AND THAT ANY CLAIMS MUST BE SUBMITTED FIRST TO MY OWN INSURANCE CARRIER ON A PRIMARY BASIS. Please complete the following:

Insurance Carrier's Name: _____

Policy #: _____

Initial: _____