

Milford Recreation Department

1 Union Square ~ Milford, NH 03055
Phone (603) 249-0625 ~ Fax (603) 673-2273



BASEBALL CLINIC

WHO: Boys, ages 9-12 years

WHERE: Keyes Baseball Field

WHEN: July 6-9 July 20-24 (please choose one)

COST: Per Session-Milford Residents \$75, Non-residents \$80

TIMES: 9:00 am-1:00 pm

TO REGISTER for LESSONS Pre-registration is required.

Registration deadline is the Monday before the start of each session. Every effort will be made to accept late registrations, if space is available. Mail in registration form or register in person at the Recreation Dept.

- **CLASS SIZES ARE LIMITED. Registration is *First Come, First Serve*.**
- **Please choose your sessions wisely. Do not sign up for a lesson if you plan on missing more than two days in a session.**
- Complete this Registration Form, with the PARENT or GUARDIAN SIGNATURE.
- Payment must accompany Registration Form. Checks are made payable to "Milford Recreation Dept." **RETURN CHECK FEE IS \$25.00**
- No Refunds once session commences.

Description of Baseball Clinic

Join instructor Jeff Wing for a baseball clinic that will work on all aspects of baseball. Jeff has been a long time varsity baseball coach in Maine and currently is an Athletic Director in Amherst. He has coached baseball for over 20 years and his teams have won 12 championships. Jeff has conducted player & coaches clinics, spent time as a private baseball instructor in Texas and has written and published two baseball books. He is NFICEP/ACEP certified as well as a certified fitness trainer. See back page for information on sample schedule and skills taught.

2009 RECREATION BASEBALL CLINIC

**** One Form Per Participant ****

NAME _____ DOB _____ MALE _____ FEMALE _____

Address, Town, Zip _____ Home Phone _____

Parent's Name _____ Parent's Work Phone _____

Family E-Mail: _____

Emergency Contact Name _____ Relation _____ Phone _____

PLEASE DESCRIBE YOUR ABILITY LEVEL: _____

HEREBY GIVE MY PERMISSION for my son/daughter to participate in the Milford Recreation Dept program. I am aware of the hazards of the activity/sport and the risk of injury in these athletic and active programs. I assume all risks and hazards incidental to such participation, including transportation to and from activities, and I do hereby waive, release indemnify, and agree to hold harmless the said Town of Milford, its volunteers, staff and all sponsors for all liability for any and all loss or damage, and any claim arising out of injury to my son/daughter or property damage that might occur, whether caused by negligence of the Town, agents or employees, or during participation.

IN CASE OF EMERGENCY, I hereby give my permission to the program staff and medical personnel selected by the Recreation Dept and staff, in my absence, to act as my agent to apply simple first aid when necessary, or in the event of a more serious accident, for my child to be transported to an emergency medical facility to receive emergency medical treatment. I also authorize the medical personnel to administer such treatment as is medically necessary and I authorize the hospital to undertake examination and emergency treatment, if warranted, on behalf of my child. **IN THE EVENT OF AN EMERGENCY, EVERY EFFORT WILL BE MADE TO CONTACT PARENT/GUARDIAN.**

PLEASE LIST ALL MEDICAL CONCERNS or instructions the staff should know regarding your child's health on the back of this sheet (medications, allergies, behavior concerns, etc.)

Family Insurance Yes _____ No _____

Company Name & Policy _____

Parent/Guardian's Signature: _____ Date _____

For Office Use Only

Amount \$ _____

Cash ⇔ Check ⇔ _____