



The Sandlot BWI Baseball / Softball Training Academy
713 E. Ordnance Road, #319
Baltimore, MD 21226
(410) 590-3224

CLINIC REGISTRATION FORM

Name: _____ Age: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Cell Phone: _____

Parent/Guardian Name: _____ Email: _____

Emergency Contact Number: _____

Clinic Information

Baseball: _____ Softball: _____ Clinic Name: _____ Session # _____

Age: _____ Dates: _____ Days: _____

Payment Method

Cash: _____ Check: _____ Gift Certificate: _____ Credit Card: _____

Credit Card Number: _____ Expiration Date: _____ CVC#: _____

Name on Card: _____ V _____ MC _____ Signature: _____

Parental Authorization

In connection with the Athlete's participation in any of "The Sandlot BWI" activities, the undersigned does certify that the Athlete is in good health, has no physical impairment restricting them from playing any activities, except as provided in writing to "The Sandlot BWI", and able to participate in the program activities. We (are, are not) _____ attaching a statement explaining special physical limitations and/or required medication, if any, (please indicate if the Athlete suffers from allergies, asthma, diabetes, or other conditions that may restrict activities associated with this activity. We hereby authorize and consent to our child's participation in the above activity. We understand that the sport in which our child will be participating is potentially dangerous, and that physical injuries may occur to our child requiring emergency medical care and treatment

In consideration of the acceptance of our child in the above activity, we agree to release and hold harmless "The Sandlot BWI" Instructor personnel, and all other agents, servants, and/or employees and agree to indemnify each of them from any and all claims, costs, suits, actions, judgments, and expenses, arising from our child's participation in the above activity. We understand and give our consent and authorize the members of "The Sandlot BWI" and its agents, servants, and/or employees to consent on our behalf and on behalf of our child, to emergency medical care and treatment in the event we are unable to be notified by reasonable attempts of the need for such emergency medical care and treatment.

Signature Parent/Guardian: _____ Date: _____