FAIR LAWN ALL-SPORTS

PITCHING CLINICS 2020

REGISTRATION FORM

www.flallsports.org

Last Name_____ First Name_____

Address_____

Telephone #_____ Email Address_____

Birth Date_____ Age_____ Grade _____

Previous pitching experience:_____

Please select the dates you wish to attend:
March 8_____ March 15_____ March 22_____

Cost - $20 per session or $50 for all 3 sessions

Cash or Checks made payable to Fair Lawn All Sports

Emergency Contact & Telephone #_____

I accept full responsibility for any injury sustained by my child resulting from training, competitive play, travel to and from workouts, or other aspects of her participation in the Pitching Clinics. I hereby give permission for the above named player to participate in this All-Sports program**.** I understand that any injury must be reported to the recreation office (201-796-6746) and insurance coverage is secondary to my primary insurance coverage. My signature also confirms that my child, myself and my family acknowledge the guidelines of the Fair Lawn All-Sports Code of Conduct and agree to follow them.

_____ _____
Parent/Guardian Signature Date

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Waiver valid for all clinics in March 2020