



PINECREST LITTLE LEAGUE

2011/2012 WINTER / PRESEASON BASEBALL CLINIC REGISTRATION

-- PLAYER INFORMATION --

First name:		Last name:	
Address:			
City:		Postal Code:	
Phone# (1):	Cell# (1):	Email (1):	
Phone# (2):	Cell# (2):	Email (2):	
Parents' (or Guardians') names:			
Birth Date (yyyy/mm/dd):		Age on April 30th, 2012:	
Please indicate which clinic you are entering (consult table below):			Registration Fee:
How did you hear about Pinecrest (circle one): Website / Brochure / Other			

--PAYMENT--

Method of Payment Enclosed (check one): CHEQUE (payable to Pinecrest Little League)	<input type="checkbox"/>	CASH	<input type="checkbox"/>
---	--------------------------	------	--------------------------

THE FINE PRINT

I/we know that the participation in baseball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify and agree to hold harmless Pinecrest Little League, Little League Baseball, Incorporated, the organizers, sponsors, supervisors, participants, and persons transporting my/our child to and from activities from any claim arising out of any injury to my/our child whether the result of negligence or any other cause.

I/we permit the free use of my/our child's/ward's name, picture and statistics in all media and multimedia vehicles including radio, television, internet, newspaper, and all other forms of broadcast, telecast and written account of PLL events.

A service of charge of \$25 will apply to NSF cheques.

Signed: _____ Date: _____
Parent or Guardian

WINTER / PRESEASON PROGRAMS

Camp 1:
NOVEMBER 2011
4 SESSIONS / 6 HOURS / \$60
Fridays 4:30-6:00pm

Camp 2:
FEBRUARY 2011
4 SESSIONS / 6 HOURS / \$60
Fridays 4:30-6:00pm

Camp 2:
APRIL 2011
5 SESSIONS / 10 HOURS / \$125
(\$100 if paid by Jan-1-2012)
Sundays: 4:00-6:00pm