

WAREHAM GATEMEN BASEBALL CLINIC

WAIVER

As parent/guardian of the applicant, I hereby give permission for my child to participate in the Wareham Gatemen Baseball Clinic and agree to comply with all program regulations and hereby discharge coaches, clinic site, staff and management from any liability for injuries incurring while participating in the clinic program.

Furthermore, I confirm the applicant is in good health (updated physical exam) and able to take part in the physical activities associated with the Wareham Gatemen Baseball Clinic. I give full permission to the Wareham Gatemen Baseball Clinic Staff to administer appropriate medical decisions in the absence of, or inability to get in contact with the applicants parents/guardian or emergency contacts. I understand if my child has a medical concern or condition, I will remain at camp for the duration of the session.

X _____
Signature Date



GENERAL INFORMATION

Session 1 July 10-14
Session 2 July 17-21
Session 3 July 24-28

Rain or shine

9am-12:30pm daily for 6-17 year olds

Camp held at Spillane Field,
Wareham High School/Middle School

TUITION

\$75 Session 1
\$75 Session 2
\$75 Session 3

MAKE CHECKS PAYABLE TO:
"Wareham Gatemen Baseball"

REGISTRATION

To register, complete the attached registration form and return both the application, signed waiver with full payment to:

Wareham Gatemen Baseball
Attn: 2023 Youth Clinics
PO Box 287
Wareham, Ma 02571

Campers should arrive with sunblock applied, bottle of water, and glove. Shorts, t-shirts, hats and sneakers are the preferred uniform. Bats are optional.

APPLICATION

Clinic Session

1 2 3

NAME _____

AGE _____

ADDRESS _____

TOWN _____

PARENT _____

PHONE# _____

CELL# _____

EMERGENCY

CONTACT _____

EMERGENCY # _____

EMAIL _____

ALLERGIES _____

CONCERNS _____

Shirt Size:

YS, YM, YL; S, M, L, XL, XXL

WE DO NOT OFFER REFUNDS DUE TO WEATHER.
WE WILL MAKE EVERY ATTEMPT TO CONDUCT
THE CLINIC OUTDOORS

CONTACT CLINIC DIRECTOR

Bob Prince

rprince@umassd.edu

www.gatemen.org