

REGISTRATION FORM

2010-2011

OCC Baseball Winter Clinics

Please check each box to indicate

Ages 8-12:

- December 4th "FIVE STAR CLINIC"
12noon until 3pm
Covers all aspects of the game.
- December 18th
"PITCHERS & CATCHERS ONLY"
12noon until 2pm
- January 8th 'HITTING ONLY"
12noon until 2pm[at Perfect Practice*]
- January 15th
"INFIELD/OUTFIELD ONLY"
12noon until 2pm
Covers all aspects of the game.
*****\$40 PER SESSION OR
\$140 FOR ALL 4 SESSIONS.*****

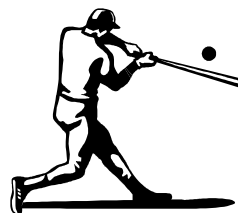
Ages 13-18:

- December 18th
"PITCHERS & CATCHERS ONLY"
3pm until 5pm
- January 8th 'HITTING ONLY"
3pm until 5pm[at Perfect Practice*]
- January 15th
"INFIELD/OUTFIELD ONLY"
3pm until 5pm
Covers all aspects of the game.
*****\$40 PER SESSION OR
\$100 FOR ALL 3 SESSIONS.*****

For more information, please contact Coach Lloyd Quick at (315) 498-2657 or email quickl@sunyocc.edu.

Please complete the registration form and **return with payment to "Onondaga Community College Association, Inc."** and mail to:

**Auxiliary Services
ONONDAGA COMMUNITY COLLEGE
4585 West Seneca Turnpike
Syracuse, New York 13215**



Meet our Staff:

Our clinic staff is comprised of Onondaga Community College Head Coaching Staff and Baseball Team. Clinic Director is Lloyd Quick, Assistant Coaches are Joe Pallone, Rich Sisto, Mark Pelligra, and Alex Rybczak.

Mission:

This is a skill clinic for all levels of baseball players. Through the use of drills and individual instruction, our goal is to provide a sound skill foundation for the younger players and to increase the skill level of the advanced player.



4585 West Seneca Turnpike
Syracuse, New York 13215-2099
(315) 498-2657 www.sunyocc.edu/athletics

2010-2011 Onondaga Community College BASEBALL WINTER CLINICS



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*Perfect Practice is located at 130 Hiawatha Place, Hiawatha Boulevard, Syracuse, NY.

➤Clinics otherwise indicated will be held at Onondaga Community College Gymnasium located in the Health & Physical Education Building on campus.

➤Use Parking in Lot 13.

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REGISTRATION FORM
2010-2011
OCC Baseball Winter Clinics

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Age: _____ Grade: _____

Email Address: _____

Telephone Number: _____

Cell Phone Number: _____

Primary Position: _____

Secondary Position: _____

School: _____

Coach _____

PERSONAL MEDICAL INFORMATION:

Date of Birth: _____

Height: _____ Weight: _____

Date of last tetanus immunization: _____

Medications currently taking: _____

Allergies to medicines or other: _____

Conditions that physicians should be aware of:

Restrictions while participating:

Insurance Company: _____

Policy Number: _____

EMERGENCY INFORMATION (contact in case of emergency and you cannot be reached):

Name: _____ Telephone: _____

Family Doctor: _____ Telephone: _____

Authorization: As the parent/guardian of the above named child, I give my child permission to participate in the "2010-2011 Baseball Winter Clinic". I also attest that I have adequate medical coverage, and I authorize any medical treatment for my child which may be advised or recommended by clinic personnel while my child is a participant in the clinic. I agree to indemnify Onondaga Community College, Onondaga Community College Association, Inc. and the County of Onondaga and its employees for any claim which may hereafter be presented by my child as a result of any injuries which may occur as a result of his/her participation. Finally, I understand that by his/her participation, my child agrees to all rules and regulations of the Onondaga Lazer's Baseball Clinic, as established by the Clinic Director.

Parent/Guardian

Signature: _____

Date: _____

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