



ONONDAGA COMMUNITY COLLEGE Softball Pitching & Hitting Clinic Registration Form

Name: _____

Age: _____ Grade: _____ Email Address: _____

Address: _____

City: _____ State: _____ ZIP: _____

Telephone Number: _____ Cell Number: _____

Personal/Medical Information: *(please circle)*

Date of Birth: _____ Height: _____ Weight: _____ Shirt Size: S M L XL

Date of last tetanus immunization: _____

Medications currently taking: _____ Allergies to medicines or other allergies: _____

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: _____

Session	Time	Amount	Please Indicate Choice <input type="checkbox"/>
Session 1 Pitching <i>(Limit 30)</i>	8:30am-10:00am	\$180.00	
Session 1 Hitting	10:00am-11:30am	\$180.00	
Session 2 Pitching <i>(Limit 15)</i>	10:00am-11:30am	\$180.00	
Session 1 Pitching and Session 1 Hitting Package		\$280.00	
Walk In <i>(call for availability)</i>		\$ 20.00	

[Sessions last for 15 weeks.]

AUTHORIZATION:

As the parent/guardian of the above named child, I give my child permission to participate in the 2009 Softball Hitting/Pitching 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 Softball Hitting/Pitching Clinic, as established by the Head Softball Coach.

Parent/Guardian Signature: _____ Date: _____

For more information, please call Coach Baum at (315)498-2239 or email baumr@sunyocc.edu

Registration: Please complete and return this form with payment made payable to "OCCA" and mail to:

**Jean Sarko Management Services
ONONDAGA COMMUNITY COLLEGE
4585 West Seneca Turnpike
Syracuse, NY 13215**

