

KIU Academy Summer MLB Baseball Clinic 2011 Application

FAX: 0774-64-0805

Name: _____ Age: _____ Gender: M F

Phone number: _____

Address: _____
_____ T _____

School: _____ Grade: _____

Baseball Experience: _____ years

Current team name: _____ Position: _____

Session you wish to participate in: (circle one)

Morning (Elem.—MS) Evening (MS & above – experienced players)

If you, the participant are a minor, please have your parent/guardian read and sign below:

I am aware that with the participation in sports comes the risk of injury to my child.
There will be basic first-aid equipment at the clinic. The participants will not be covered by sports insurance from KIUA. We ask that you understand that any injury would need to be covered by your own health insurance.

Parent/ Guardian's Name: _____ Date: _____

Information about the clinic:

The clinic payment/registration desk will open 30 minutes prior to the start of each session.

Participants should bring: glove, hat, water/sports drink, bat and cleats (if you own them), towel, sportswear, sunscreen.

The clinic coaches will be using rubber baseballs for the clinic.

Parking is somewhat limited, so please car-pool. Do not park in a place, such as along the road, which will hinder others.

At the end of the session, the coaches will give a simple talk.

Participants may have the opportunity to get autographs. Each participant may only receive one autograph/coach. Bring your own ball, *shikishi*, or other item. We cannot guarantee that each participant will be able to get autographs from all of the coaches.

The personal information received in this application will only be used by KIU for this clinic or for contact regarding future clinics.

There may be video and photographs taken at the clinic, so we ask for your understanding.