



## Sidearmnation BASEBALL CLINIC

### Registration Form

Participant's Name: \_\_\_\_\_

Age: \_\_\_\_\_

Positions: \_\_\_\_\_

Level currently playing: \_\_\_\_\_

Emergency

Contact: \_\_\_\_\_

Medical Issues: \_\_\_\_\_

\$50/child

Cash or cheque made out to: Geoff Freeborn