



BOMBERS BASEBALL HITTING/FIELDING 2009-10 WINTER  
REGISTRATION FORM

Little League Group: 1:30 - 3PM

Big Diamond Group: 3 – 4:30PM

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Player's Name _____	Age _____	Grade _____	TSHIRT SIZE _____
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Emergency Contact Name \_\_\_\_\_

Phone Number (s): \_\_\_\_\_

Email: \_\_\_\_\_

Medical Insurance Company and I.D. Number \_\_\_\_\_

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I understand and accept the condition that Ron Jordan, Gardy O'Flynn, Newton South High School, or anyone associated with Bombers Baseball Pitching Fix Clinics will NOT assume any responsibility for accidents and/or medical/dental expenses resulting from participation in this program. The applicant is in good health and able to participate in the physical activity. I hereby authorize the director and staff of Pitching Fix to act for me according to their best judgment in any emergency requiring medical attention. Please check off the following and sign. Checks are to be made out to Bombers Baseball /Pitching Fix.

Session 1: DECEMBER 5<sup>TH</sup>, 12<sup>TH</sup> AND 19<sup>TH</sup>

Session 2: JANUARY 23<sup>rd</sup>, 30<sup>TH</sup> AND -FEBRUARY 6<sup>th</sup>

Session 3: FEBRUARY 27<sup>th</sup>-MARCH 6<sup>th</sup> AND 13<sup>TH</sup>

ALL SESSIONS 9 WEEKS     **\$155**

INDIVIDUAL SESSIONS \$60 each    Circle Session Attending    1   2   3

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

