



# YOUTH BASEBALL CLINIC

Sponsored by the Peters Township Diamond Backers

The Peters Township High School Baseball Team

**When – Sunday, April 23rd**  
**Time – 1:00PM until 4:00PM - Doors open at 12:30PM**  
**Where – Peters Township Senior High School Gym**  
**Bring – Bat, Glove and Drink**  
**Clinic is for Boys and Girls Ages 6 through 13**

High school baseball  
players and coaches  
will provide  
instructions at  
various stations  
during the clinic

**Pre-register for this clinic by:**

Complete this form and send it with a payment to:

Peters Twp. Diamond Backers  
c/o Joe Maize at  
Peters Township High School  
264 E. McMurray Rd  
McMurray, PA 15317

**Fee - \$25/player** Make check payable to: **PTHS Diamond Backers Baseball Boosters**  
Pre-registration deadline: Thurs. April 20th **or you may register on the day of the clinic**  
Questions? Call Joe Maize (724) 941-6250 (ext. 5305)

NAME \_\_\_\_\_ AGE \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_ PAYMENT \_\_\_\_\_ CK# \_\_\_\_\_ CASH

*As the parent or guardian of this child, I hereby give the approval for participation and assume all risk and hazards incidental to such participation and do hereby waive, absolve, indemnify and agree to hold harmless the Peters Township School District and its directors, employees, coaches, students/athletes and volunteers, PTHS Baseball Booster Club and its directors and members/volunteers for any claim out of injury to the player or loss/damage to any property of such player.*

*In my absence, I hereby grant permission to clinic personnel to obtain emergency care via the 911 system should the player become ill or injured while participating and understand that I will be notified as soon as practical.*

Signature of Parent: \_\_\_\_\_

Date: \_\_\_\_\_