



## 2009 SUMMER CLINICS

### PITT BASEBALL/DIAMOND BASEBALL CLINICS

- SESSION ONE                      June 15-18, 2009                      9am - 3pm
- SESSION TWO                      July 6-9, 2009                      9am - 3pm
- Both Sessions will be held at TREES FIELD, University of Pittsburgh-MAIN CAMPUS

This clinic is designed for all players. The morning segment of camp will focus on fundamental drill instruction and execution. Following lunch, the participants will be grouped age appropriately and scrimmage games will be played in the afternoon. All aspects of the game of baseball will be covered. These clinics are up-beat, appropriately staffed and are well-paced. All participants will receive a T-Shirt following the final day of the summer clinic. Session One is geared for players aged 8-18. Session Two is geared for players aged 5-12.

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ GRAD YEAR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

FIRST POSITION: \_\_\_\_\_ SECOND POSITION: \_\_\_\_\_ T-SHIRT SIZE: ADULT S M L XL XXL

#### MEDICAL RELEASE

As the parent and/or legal guardian of \_\_\_\_\_ (name of camper), I hereby authorize the staff of the DIAMOND BASEBALL CLINICS, to act for me according to their best judgment in any emergency requiring medical attention. I assume the risk of accident or injuries from whatever cause in connection therewith, and release the Diamond Baseball Clinics staff and the University of Pittsburgh and their officers, agents and employees from any and all liability for any such accident or liability. I understand the above named CHILD/PLAYER/ or ADULT assumes all of the risks associated with the activities in which he or she will be involved. I release all rights and claims for damages which the above named CHILD/PLAYER/ or ADULT, their heirs, executors, and administrators, or I may have against Diamond Baseball Clinics, the University of Pittsburgh, its directors, coaches, officials, teachers or representatives for injuries or damages that occur as a result of their participation. I HEREBY AUTHORIZE IN ADVANCE ANY NECESSARY MEDICAL TREATMENT REQUIRED BY THE ABOVE NAMED CHILD WHILE IN ATTENDANCE OF THIS CAMP. I ALSO ACKNOWLEDGE THAT I HAVE/WILL NOTIFY THE CAMP PERSONNEL OF ANY SPECIAL MEDICAL NEEDS OR INFORMATION REQUIRED BY THE ABOVE NAMED CHILD. Also, I understand that all rules and regulations for the camp will be enforced and any violation by my child will result in a call to me with a possible request to come and pick up my child with no refunds being given.

\_\_\_\_\_  
LEGAL GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

I WILL REGISTER FOR THE FOLLOWING CLINC(S):

- |                          |             |          |          |             |            |           |
|--------------------------|-------------|----------|----------|-------------|------------|-----------|
| <input type="checkbox"/> | SESSION ONE | \$175.00 | 9AM- 3PM | TREES FIELD | JUNE 15-18 | AGES 8-18 |
| <input type="checkbox"/> | SESSION TWO | \$175.00 | 9AM- 3PM | TREES FIELD | JULY 6-9   | AGES 5-12 |

TOTAL: \$ \_\_\_\_\_ REGISTER FOR BOTH AT SAME TIME - \$150.00 EACH SESSION (\$50.00 SAVINGS)

PLEASE MAKE CHECKS PAYABLE TO:

**DIAMOND BASEBALL CLINICS** AND SEND TO: **PITT BASEBALL/ PO BOX 7436/PITTSBURGH, PA 15213**

**MASTERCARD/VISA/AX:** \_\_\_\_\_ **EXP DATE:** \_\_\_\_\_

FOR SECURE ONLINE REGISTRATION: MASTERCARD/VISA/AMERICAN EXPRESS & DISCOVER OR ONLINE CHECK, PLEASE GO TO: [WWW.PITTBASEBALLCLINICS.COM](http://WWW.PITTBASEBALLCLINICS.COM)

IF YOU HAVE ANY QUESTIONS, PLEASE CALL US AT 412.648.8556