

## REGISTRATION FORM

NAME\_\_\_\_\_

ADDRESS\_\_\_\_\_

CITY\_\_\_\_\_

STATE\_\_\_\_\_ ZIP\_\_\_\_\_ PHONE\_\_\_\_\_

GRADE\_\_\_\_\_ POSITION(S)\_\_\_\_\_

SCHOOL\_\_\_\_\_

I hereby authorize the Director(s) of the skills Clinic to act accordingly to their best judgment in any emergency requiring medical attention. I also acknowledge that my child is covered through family medical insurance as described below:

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

Insurance Company\_\_\_\_\_

Policy Number\_\_\_\_\_ Date\_\_\_\_\_

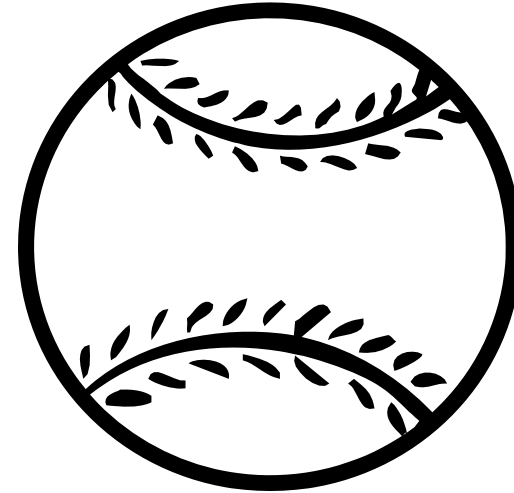
Family Doctor\_\_\_\_\_

All pre-registrations must be accompanied by payment of \$20 for each attendee. Late Registration is \$25.  
Make payable to: **Waynesville Baseball**

Mail Registrations to:

Jason Whited  
Waynesville High School  
735 Dayton Rd.  
Waynesville, OH 45068

# WAYNESVILLE HIGH SCHOOL BASEBALL SKILLS CLINIC



**SATURDAY, MARCH 13**  
**9:00AM – 12:00PM**

**FOR GRADES K-6**

**FEATURING THE**  
**WAYNESVILLE BASEBALL TEAM**