



Diamond Sports Training

45685 Oakbrook Court Suite 110

Sterling, VA 20166

703-430-7011

www.DiamondSportsTraining.com

Baseball Clinic Registration Form Fall 2008

All clinics will have a maximum of 4 players.

<u>Age</u>	<u>Clinic</u>	<u>Day</u>	<u>Time</u>	<u>Cost</u>	<u>Dates</u>
___ 5-6	Overall Skills	Monday	5:30 - 6 PM	\$65	9/22 - 10/13
___ 7-9	Pitchers	Sunday	1 - 2 PM	\$130	9/21 - 10/12
___	Pitchers 2*	Monday	6 - 7 PM	\$130	9/22 - 10/13
___	Catchers	Sunday	11 AM - Noon	\$130	9/21 - 10/12
___	Hitting	Sunday	Noon - 1 PM	\$130	9/21 - 10/12
___	Hitting 2*	Tuesday	6 - 7 PM	\$130	9/23 - 10/14
___	Infield / Outfield	Wednesday	6 - 7 PM	\$130	9/24 - 10/15
___ 10-12	Pitchers	Sunday	2 - 3 PM	\$130	9/21 - 10/12
___	Pitchers 2*	Monday	7 - 8 PM	\$130	9/22 - 10/13
___	Catchers	Sunday	Noon - 1 PM	\$130	9/21 - 10/12
___	Hitting	Sunday	1 - 2 PM	\$130	9/21 - 10/12
___	Hitting 2*	Monday	6 - 7 PM	\$130	9/22 - 10/13
___	Infield / Outfield	Tuesday	7 - 8 PM	\$130	9/23 - 10/14
___ 13-15	Pitchers	Sunday	3 - 4 PM	\$130	9/21 - 10/12
___	Hitting	Sunday	2 - 3 PM	\$130	9/21 - 10/12
___	Hitting 2*	Wednesday	7 - 8 PM	\$130	9/24 - 10/15

*** Clinics marked with a "2" are for players that have attended the first session.**

If signing up more than one child or for multiple clinics, receive a 10% discount.

Please make checks payable to *Diamond Sports Training*

Player's Name _____ Age _____

Street _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

E-Mail _____ Amount _____

Emergency Information

I hereby state that my child is in good normal health and is able to participate in a strenuous physical activity. I give my permission for emergency medical treatment in the event of injury or sickness. This signature also insures that I waive and release Diamond Sports Training, its owners, and employees from any and all liability in case of an accident.

Parent Signature _____ Date _____

Printed Name _____