



UTICA COLLEGE BASEBALL EARLY BIRD CLINIC 2010

DATE: SUNDAY MARCH 7, 2010

TIME: 11 AM - 2 PM

**LOCATION: CLARK ATHLETIC COMPLEX GYMNASIUM
(UC CAMPUS)**

AGES: 7 – 18

COST: \$45

**CAMP INCLUDES INSTRUCTION IN: HITTING, DEFENSE, PITCHING,
CATCHING AND BASERUNNING**

STAFF MEMBERS INCLUDE:

**ANDY WEIMER- HEAD COACH OF UTICA COLLEGE, 7 YEARS PROFESSIONAL
EXPERIENCE**

**CHRIS PARKINSON- ASSISTANT COACH OF UTICA COLLEGE, DIV. I
EXPERIENCE**

PETE LOGUE- ASSISTANT COACH OF UTICA COLLEGE, DIV. I EXPERIENCE

FOR MORE INFORMATION PLEASE CONTACT:

CHRIS PARKINSON

315-792-3378 (LEAVE MESSAGE)

CRPARKINSON@UTICA.EDU

*****REGISTRATION INFORMATION ON BACKSIDE*****

REGISTRATION FORM

Players Name: _____ **Age:** _____

Address: _____

Phone #: (_____) _____

Emergency Contact Person: _____ **Phone#:**(_____) _____

INSURANCE WAIVER

(MANDATORY FOR PARTICIPATION)

We do hereby waive, release and forever discharge Utica College, Utica College Baseball, its staff, officers, representatives, employees and their successors from all claims for damages from an accident, injury or loss of person property occurring during applicants stay and participation in camp activities. We assume responsibility for all medical charges.

Applicant: _____

Date: _____

Parent/ Guardian Signature

Print Name: _____

Signature: _____

Insurance Carrier

Company: _____

Policy Number: _____

DOES YOUR CHILD HAVE ANY HEALTH OR PHYSICAL CONDITION THAT WOULD RESTRICT HIS/ HER PARTICIPATION IN PHYSICAL ACTIVITIES?

_____ **YES** _____ **NO**

IF YES, PLEASE EXPLAIN:

REGISTRATION AVAILABLE ON DAY OF CAMP OR CAN BE MAILED TO:

UTICA COLLEGE BASEBALL

1600 BURRSTONE RD.

UTICA, NY 13502

****PLEASE MAKE CHECKS PAYABLE TO: CHRIS PARKINSON****