

Baseball & Softball Fundamentals Clinic Sunday, April 30th

Marion Parks & Rec is hosting a **FREE** baseball & softball fundamentals clinic for K - 8th Grade
MHS Baseball and Softball Players and Coaches will help instruct

Registrations are due by Tuesday, April 25th

This event will be held at the Marion Baseball/Softball Complex.

**T-Ball and Machine Pitch = Kindergarten through 2nd Grade
1 PM to 2:30 PM**

**3rd Grade through 5th Grade
2:30 PM to 4:30 PM**

**6th Grade through 8th Grade
4:30 to 6:30 PM**

Participant's Name: _____
Guardian's Name: _____
Guardian's Email: _____
Guardian's Phone Number: _____
Emergency Contact Info. _____
Grade: _____ Age: _____

Please CIRCLE the skills you are interested in learning:

Catching Pitching Hitting Out-Fielding
 Fielding Throwing

MEDICAL INFORMATION AND RELEASE FORM FOR REC BB/SB FUNDAMENTALS CLINIC

Special Instructions: (Medical problems, or needs, to be brought to the attention of the instructors, etc.)

TO WHOM IT MAY CONCERN: In the event the above-named participant is taken to an emergency room or medical facility and in need of treatment in my absence from attendance at this activity, this participant's coach/instructor or any employee of Marion Parks & Recreation has my consent to authorize treatment for this participant by the doctor(s) of their choosing as the doctor(s) may deem necessary. I, the undersigned, do hereby acknowledge that I have given the above participant permission to participate in the above-named REC program with full knowledge of the risks involved.

I hereby agree to assume those risks and **WILL NOT** hold the City of Marion, Marion Parks & Recreation, coaches, instructors, and all representatives liable for any injury, harm or complications resulting from said participation in this program. Furthermore, I do understand that accident insurance is not provided by Marion Parks & Recreation and I hereby agreed to assume full responsibility for any and all medical expenses resulting from any accidents or injuries suffered by the above-named participant while participating in the REC BB/SB Clinic.

Parent or Guardian's Signature: _____ Date: _____